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EXECUTIVE SUMMARY

DRUG ABUSE RESEARCH ISSUES AT  
HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

Contracts: ADM-88-201 271-89-8015

Purpose: This study conducted a review of drug abuse issues and research activities at Historically Black Colleges and Universities (HBCUs). The review was undertaken to consolidate knowledge about patterns of drug abuse among HBCUs students and other Black youth, to explore the effectiveness of treatment and prevention interventions with this population, and to examine the state of drug abuse research at the institutions.

Methods: This review was conducted by a panel of HBCUs faculty and research associates who are experts in the field of behavioral science, especially drug abuse, HBCUs administrators and students. Five panel sessions were held to discuss these issues as well as examine the barriers to increased drug abuse research at HBCUs.

Findings: It was concluded that very little sponsored drug abuse research in the clinical and behavioral sciences was being conducted at HBCUs. Additional Black researchers are needed to conduct qualitative and quantitative studies about urban and rural drug use and abuse within this minority community.

Recommendations: The Federal government must remove barriers to fair and open competition for grant funding, actively solicit research proposals, provide a support base specifically for research conducted at HBCUs, and stimulate private sector involvement.

RESEARCH MONOGRAPH

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Drug Abuse Research Issues

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Historically Black Colleges and Universities

Clark Atlanta University

and

The National Institute on Drug Abuse

89-8015



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Historically Black Colleges and Universities

Editors:

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Catherine S. Bolek, M.S.

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Moreover, **the** contents of the articles represent the opinions and **viewpoints of the authors and as such are not intended to represent the opinions and viewpoints of the editors.**

Drug Abuse Research Issues  
at  
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As always, this project could not have been completed without the cooperation of numerous staff and faculty members of the Department of Criminal Justice Administration at Clark Atlanta University and National Institute on Drug Abuse.

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## PREFACE

The contribution of Historically Black Colleges and Universities (HBCU) to African American education is recognized by most sectors of American society. These institutions have responded to the unique needs of former slaves and freed African American during the nineteenth century and continue to meet the special needs of today's African American student.

In addition to their academic responsibilities, many **HBCUs** are involved in research and research training. The ability to continue this vital activity is based, at least in part, on Federal sponsorship for such activities as support for research careers for HBCU faculty, state-of-the-art research facilities, and pre- and post- doctoral research fellowships.

This volume was developed as a direct result of an HBCU panel study supported under a contract awarded by the National Institute on Drug Abuse to Clark Atlanta University. This volume is divided into two parts: Section One reviews the significant contributions of HBCU scholars and administrators including original manuscripts

describing on-going drug abuse research projects; and Section II provides an overview of Federal efforts to eliminate barriers, and a discussion of barriers experienced by authors and participants involved in this review process.

Members of the HBCU community, Federal staff involved in sponsored research programs, and students interested in careers in drug abuse research will find that this volume provides an in-depth look at HBCUs as research institutions and the role the Federal government plays in sustaining their efforts.

Catherine S. Bolek, M.S.  
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#### FORWARD

This monograph is based upon papers prepared by researchers who were panel members at panel groups sponsored by the Special Population Research programs of the National Institute of Drug Abuse. The Department of Criminal Justice Administration at Clark Atlanta University was the contractor. The major objective of the panel members was to develop a set of recommendations and an action plan for stimulating research and research training at the Historically Black Colleges and Universities.

Five panel sessions were held in 1989-91 to discuss drug research issues at Historical Black Colleges and to discuss barriers to conducting such research. At one of these conferences, administrators were invited to discuss their ideas regarding faculty/staff problems as well as to obtain their ideas for increasing drug research.

One hundred and seventeen Historically Black Colleges and Universities were notified about the proposed panels. Information was obtained from some of the HBCUs about current drug research and a small proportion of faculty members and administrators were invited to participate. After reviewing all the material from the HBCUs, we concluded that very little sponsored drug research in the clinical and behavioral sciences is being conducted at Black Colleges.

What is needed are more Black researchers to conduct qualitative and quantitative studies about urban and rural drug use and abuse within minority communities.

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## CHAPTER 1

### HISTORY OF HBCUs Darlene Conley, Ph.D.

#### THE EMERGENCE OF HISTORICAL&Y BLACK COLLEGES AND UNIVERSITIES (HBCUs)

The United Negro College Fund's (UNCF) television commercials, which state, "A Mind is a Terrible Thing to Waste," the UNCF annual telethon, and the marching bands of Grambling University are virtually the only images which the general society has of Black colleges and universities. For most of their history, Historically Black Colleges and Universities (HBCUs) have remained virtually invisible outside of the Black community. The majority of these institutions were established after the Civil War (1865 to 1895) to provide education for the newly freed slave population under the vestiges of segregation, and until the late **1960s**, they were virtually the only source of higher education for Black Americans. Today there are currently 105 institutions which are classified as Historically Black Colleges and Universities. The number increases to 117, if those schools which are considered predominantly Black are included. Together they include private and public two-year and four-year institutions, as well as graduate and professional schools that are located in fourteen Southern states, six Northern states, three Midwestern states and one Western State, the District of Columbia and the Virgin Islands.<sup>1</sup>

For over a hundred years, these schools held a monopoly over the college education of the Black middle class, but after the Brown Decision many foundation officers and policy makers began

to question the legality and morality of maintaining these institutions which they viewed **as** anachronisms in an **"integrating"** society. Many white academics argued that they represented vestiges of segregation and perpetuated an inferior level of education. When the Civil Rights Movement and urban riots of the late 1960s precipitated unprecedented recruitment of Black students and faculty to predominately white institutions in the North and the West, HBCUs began to experience a **"Brain Drain"** and began to lose their most competitive students and faculty. HBCUs were not able to compete with the lucrative financial aid packets and salaries offered at Historically White Colleges and Universities (**HWCUs**) and the philanthropic foundations which had long supported these schools **began** to direct their monies to Black students at predominantly white schools. Finally,

dwindling budgets and enrollments forced many of these schools to close and desegregation legislation and suits in the 1970s forced many of the public HBCUs to merge with Historically White Colleges and Universities (**HWCUs**) and thus lose their identity.

By the late **1970s**, however, these schools began to regain their status in the Black community and the schools began to experience enrollment increases as the children of the Black middle and upper class began to return to these schools. There are several reasons for this revival. The positive atmosphere that existed on Northern predominately white campuses began to disappear by the late 1970s. Affirmative action and minority recruitment programs were attacked and ethnic studies programs

were dismantled and as the economy worsened college financial assistance programs were decreased. Recruitment efforts on white campuses had peaked between 1969 and 1971, and between 1965 and 1970, over 600 Black studies programs had been established on white campuses. However, by the **1980s**, most of these programs had been dismantled and many of the Black faculty recruited by white institutions were not awarded tenure. In recent years, the harassment and violence against Blacks on white campuses has increased.

Black colleges began to experience an enrollment and image revival in the Black community by the 1980s. In 1988 enrollments at these institutions increased 6 percent and in 1989, enrollment increased 3.4 **percent.**<sup>2</sup> Black colleges have gained more widespread visibility in the popular media: through Spike **Lee's** film depicting Black college life, School Daze, and the Bill Cosby spin-off sitcom, A Different World. Through these shows an entire new generation of Black middle class youth were introduced to these institutions.

Perhaps the major reason for the rediscovery of Black colleges is that Black middle class parents have discovered that **HBCUs** are "a better buy for their money" since they have a better track record for graduating Black students than their white counterparts. Although **HBCUs** currently enroll less than 25 percent of all Black students enrolled in college, they are responsible for graduating over 60 percent of Black **B.A.s**. Furthermore, at least half of the Black students enrolled in

predominately white institutions are enrolled in two-year junior or community colleges.

Ironically, although these schools are referred to as "**Black**" colleges, their faculties and administrations are actually more integrated than their white counterparts. Even during the heyday of segregation, whites were readily hired at HBCUs and in contrast to white institutions, HBCUs were willing to take a chance on scholars from other countries, especially Asia, Africa, and Latin America. In stark contrast, Black faculty comprised only 4 percent of all full-time colleges and universities in 1985.<sup>3</sup>

In 1989, HBCUs as a **group** enrolled more than 27,000 white students, 1,800 Hispanic students, 1,500 Asian/Pacific Islanders, over 300 American Indian/Alaska Natives, and more than 8,000 international **students**.<sup>4</sup> Furthermore, white students comprise a significant number of students at the Howard University Medical School and white students are currently enrolled in the remaining two Black medical schools at **Meharry** and Morehouse. Ph.D. programs and professional schools at HBCUs attract and enroll more white and other non Black students than do the undergraduate programs and the largest numbers of white students are of course enrolled at the public HBCUs.

Throughout their history, HBCUs have had to struggle against racism and poverty. They were founded in a society which vehemently opposed the education of Blacks and were forced to function for decades outside of the mainstream academic

community, yet they produced some of the most important scholars that this country has known. Although most functioned on the brink of bankruptcy, as a group, these institutions are responsible for grooming a substantial segment of the Black middle class in this country. HBCUs, along with predominately Black two-year institutions, have graduated more than 50 percent of the nation's Black business executives, elected officials, 75 percent of Black Ph.D.s, 75 percent of Black military officers, 80 percent of Black Federal judges and 85 percent of Black physicians (NAFEO, 1990).

This essay will briefly review the exciting history of these institutions and discuss their contribution to social science research in the United States.

#### THE HISTORY OF HBCUs

A great deal of literature on Black colleges describes some aspect of their history -- most specifically their founding (Jones, 1917; Bond, 1934; Holmes, 1934; and Bullock, 1971). A few HBCUs were established in the North before the Civil War, near Underground Railroad stops. The majority of these schools were founded during one of the most exciting and extensive periods of social reform that this country has ever experienced -- the period of Radical Reconstruction. The first group of institutions for African Americans in the South sprung up as a result of the Union Army's efforts to deal with thousands of ex-slaves who flooded into army camps for refuge after hearing that slaves who escaped and entered federal lines would be

considered "contraband." The men were put to work and provided food and shelter and army officers and chaplains established primitive schools in these camps to teach reading and writing skills as well as health and sanitation. The first school was established at Fort Monroe in Virginia in September of 1861. Mary L. Peake, a Black freed woman who had received her education in England, was the first teacher. This school later became Hampton Institute.

As the Union Army ventured further South, the influx of Black refugees increased and General Sherman sent out an appeal for aid to philanthropic and religious organizations in the North. Missionary groups in the North responded to the appeals and the American Missionary Association sent teachers, supplies, and nurses to administer the schools in these camps. By 1862, a trend had developed whereby a school was established after each military occupation and Northern missionary groups literally followed their trail (Bond, 1934; Frazier, 1961; and Bowles and **DeCosta**, 1971).

The education and social reform movement that emerged after the Civil War was more extensive than is usually recognized. Not only did every major church denomination establish an institution, but thousands of Blacks and whites -- including missionaries, abolitionists and budding feminists -- ventured South to educate the freed slaves and illiterate white population. Horace Mann Bond in his history of Black education wrote:

At no time or place in America has there been exemplified so pathetic faith in education as the lever of racial progress. Grown men studied alphabets in the fields, holding the "blue-black **speller**" with one hand while they guided the plow with the other. Mothers tramped scores of miles to towns where they could place their children in school. Pine torches illuminated the dirt-floored cabins where men, women, and children studied until far into the night. No mass movement has been more in the American tradition than the urge which drove Negroes toward education soon after the Civil War (Bond, 1934: 22-23).

Several European countries even sent modest donations to the movement (Jones, 1917; Bond, 1934, Leavell, 1930).<sup>5</sup>

After the War, these efforts were institutionalized and the Bureau for Freedmen, Refugees and Abandoned Lands was created on March 3, 1865. From 1865 to 1870, the Freedmen's Bureau, along with assistance from numerous philanthropic and religious groups, established over four thousand schools which employed more than nine thousand teachers and enrolled nearly 250 thousand African American pupils. Baptists, Methodists, Presbyterians, Episcopalians and Independent Black religious denominations, including the African Methodist Episcopal (**AME**), **AME** Zion, Negro Baptist and Colored Methodist Episcopal, established and maintained several schools. Close to 200 institutions of higher education were established from 1865 to 1895 (Bullock, 1967).

The role that Blacks played in raising funds for their schools is often overlooked. During the time when the Freedmen's Bureau was in operation, it contributed \$3.5 million dollars to Black education. Private foundations donated \$1.5 million and only a few years out of slavery, Black citizens raised and

contributed over one million dollars in fees and donations (Bond, 1934).<sup>6</sup> In 1871, a group of former slaves formed the Fisk Jubilee Singers and traveled across the United States and throughout Europe to raise money for Fisk University. Hampton later organized a group of singers to solicit funds for Hampton Institute.

Although many of these institutions were called colleges and universities, the education carried out in these schools was necessarily primary, but with the increasing need for teachers, the Freedmen's Bureau found it necessary to establish institutions for teacher training. The most notable of these schools were: Atlanta University in Georgia, Fisk University in Tennessee, and **Howard University** in Washington, D.C. Howard University, which was founded by General Howard; a Civil War general and the first Director of the Freedmen's Bureau, was the only university in the country to receive yearly appropriations from the Federal Government beginning in 1879 (Frazier, 1962).

Many of the first institutions which were established during the period of progressive reconstruction originally opened their doors to students of all races. The children of many of the white faculty and trustees attended these schools. For instance, the first class at Howard University was all white (Bond, 1934). The founders of these schools sought to create a new and equal society for Blacks, whites, and Native Americans (Indians) after the Civil War. The goal was revolutionary, not only because the movement promoted racial equality and encouraged the **partici-**

pation of women, but it attacked the aristocratic tradition of education in the South, which promoted education as a privilege reserved for the wealthy.

. . . the Northern missionaries foresaw an **entirely** new social order and wished to use the schools for Negroes as the leveling [of] all vestiges of the past. (Bond, 1934: 31)

At the time that these schools were started, a tax supported system of public education did not exist in the South. Black legislators and voters used their newly won suffrage to appropriate funds to institute a universal system of public education for Blacks and whites.

It is important to point out that not all of the whites who founded and taught in these schools supported racial equality or believed that Blacks should be afforded the same education as whites. Some merely saw the schools as a way to Christianize the ex-slaves and extinguish any rebellious notions, while another group influenced largely by General Samuel Chapman Armstrong sought to educate Blacks to fit into a new type of subservient role in the emerging economic order. Armstrong founded Hampton Institute in Virginia and it was modeled along the lines of the schools established for natives in **Hilo**, Hawaii. Armstrong argued that the African "**is** capable of acquiring knowledge to any degree and, to a certain age, at least, with about the same facility as white children; but lacks the power to assimilate and digest **it**" (Bullock, 1967:76).<sup>7</sup> His school emphasized the importance of hard labor since he regarded Blacks as childlike, **lazy, slothful, and in need of the most rigid and civilizing**

discipline. Booker T. Washington became the first graduate of Hampton Institute and in 1881 established Tuskegee Institute.

**THE END OF PROGRESSIVE RECONSTRUCTION, THE RISE OF JIM CROW  
AND SEGREGATED EDUCATION**

The movement for Black education constantly was met with political and violent opposition from white Southerners. For instance, Beard (1909) noted that as the Union Army moved their camps further South, hostile Southern whites would destroy the makeshift schools and force the teachers to flee. Even after the War and during the period of Progressive Reconstruction, Bond described how school houses were burned, Black teachers were lynched and white teachers were run out of town (Bond, 1934 and Bullock, 1967).

The withdrawal of the Federal troops from the Southern states (starting in 1869 and ending in 1877) facilitated the attacks on the Black education movement. Blacks lost political offices and the right to vote and the Freedmen's Bureau was abolished. Philanthropic donations from the North decreased after the abolishment of the Freedmen's Bureau. Since the South could not support one system of public education with its impaired tax base, funds collected from taxes from the black community were systematically diverted to white schools. With the economic interests of Northern industrialists insured, the South received control over its political affairs and consequently the opportunity to restore white supremacy (Frazier, 1962; Bullock, 1967; and Anderson, 1980).

It was under this new set of conditions, that the Industrial Education movement gained ascendancy. The Industrial Model argued that Blacks should be trained in manual labor and domestic skills in order to better prepare them for their role in the feudal system (Washington, 1879). Booker T. Washington, the founder and first President of Tuskegee Institute, was the most important proponent of this model and is credited with attracting the moral and financial support for these schools from Northern industrialists. Washington's fund raising activities were not confined to the Black community, but he and other Black educational leaders worked diligently to raise money for white education. The guiding philosophy was that the education of whites had to take precedence over the education of Blacks and that as whites became enlightened through education, they would in turn provide for the education of Blacks (Bullock, 1967; Fosdick, 1962; and Harlan, 1983).

The Industrial Model was especially attractive to Northern capitalists, such as John D. Rockefeller and Andrew Carnegie, who along with a number of other businessmen formed philanthropic foundations which would become the financial lifeline for these schools. The most important philanthropies included: The George Peabody Fund, the John F. **Slater** Fund, the Anna T. Jeanes Foundation, the General Education Board, the Rockefeller Foundation, the Carnegie Corporation, the Phelps Stokes Fund and the Julius Rosenwald Fund.

The Industrial Model supported segregation and as Booker T. Washington stated in his famous speech at the Atlanta Exposition in 1895, "**In** all things that are purely social we can be as separate as the fingers, yet one hand in all things essential to mutual **progress**" (Davidson, 1932:34). Under this model, Blacks would forego the struggle for their right to vote. Education in the trades and agriculture made sense at the time, since up until 1910, close to 90 percent of the Black population resided in the South and over 80 percent of them were concentrated in rural areas.

Several Black scholars attacked the model -- the most notable opponent was W.E.B. DuBois. DuBois, who was a professor of Sociology at Atlanta University, was not opposed to Black colleges training Blacks in agriculture and the trades, but objected to the fact that the acceptance of Washington's program implied an acceptance of an inferior status for Blacks. DuBois argued instead that the colleges should be used to train a "**talent tenth**" of doctors, scholars, lawyers, etc. who would help lift the race out of poverty (DuBois, 1903).

The Industrial/Classical Debate continued for decades in the Black community and Hampton and Tuskegee Institutes became the major recipients of the philanthropic foundations. Several of the private Black colleges which were established by the missionaries during Progressive Reconstruction rejected Industrial education and instead embraced the Classical model. However, Northern philanthropists channelled their monies to Industrial

schools and in essence starved those which refused to accommodate, Scholars such as W. E. B. **DuBois** and Carter G. **Woodson** were ostracized by the philanthropic community for their opposition to Industrial education and were consequently forced to sever their ties with Black colleges (Frazier, 1961).

Eventually every Black college, including Atlanta University, had to establish Industrial programs and give "**lipservice**" to the rhetoric of the model. Furthermore, those schools which continued to support integration were punished. The Peabody Fund refused funds to schools which were integrated (Bond, 1934). Atlanta University, always the radical institution, opted to give up state money rather than force their white students to leave. However, when Jim Crow laws made it a legal offense to mix the races, Atlanta University had to capitulate to the segregation and expel its white **students**.<sup>8</sup>

The landmark **Plessy V. Ferguson** case in 1898 provided the final legal justification for a process of separation that had already been set in motion. Ironically, despite the rigid segregation of Black and white students, the segregationists did not oppose whites teaching in these schools or controlling their administration and boards. Blacks would not be allowed to assume a significant role in the administration of their schools for several decades.

The one positive event which occurred during this period was that the Federal Government finally provided support to Black public institutions through the Second Morrill Act of 1890. The

first **Morrill** Act of 1862 had provided for the establishment of agricultural and mechanical colleges for the children of the working class. The Second Act was amended to provide for separate institutions for Blacks in states where segregation was maintained by law. Some existing Black colleges were thus designated as land grant institutions and came under public control and, as a result, some new public Black institutions were established. By 1899, each of the 17 Southern States had designated a land grant school for Black students (Hill, 1985).

#### BLACK COLLEGES - SEPARATE AND UNEQUAL: 1915 - 1954

The period between 1915 to 1954 was characterized by increasing enrollments at Black colleges and the constant struggle by Black educators to improve the academic quality of Black colleges and to achieve parity under the separate but equal paradigm.

A number of social, economic and political factors contributed to the growth of Black higher education. The migration of Blacks precipitated by the First and Second World Wars to the Industrial North presented the South with competition for Black labor and Southern politicians were forced to grant concessions to Black education. Blacks in the North in turn sent their children back to Black colleges and these students tended to be better able to pay tuition and entered the schools with better academic preparation. The wars also improved the Southern tax base by raising the price of the region's agricultural products and bringing military installations to the South (Bowles

**and DeCosta**, 1971). The GI Bill enacted after the Second World War resulted in increased enrollments and revenues for Black colleges.

The dominance of the Industrial Education model began to decline the 1920s. A number of factors contributed to the demise of the Industrial Model. The mechanization of agriculture decreased the need for Black labor in rural areas and fueled the migration of Blacks to urban areas in the South and North. The advent of World War I and World War II increased the demand for labor in Northern urban centers, further contributing to this trend. Ideally, Industrial Education was supposed to enable Blacks to gain economic independence by providing them with skilled trades, such as bricklaying or farm ownership. But, the majority of Blacks were tenants, not owners. Rigid segregation laws prevented Blacks from competing with whites in these areas and Blacks were restricted from unions in the North which controlled the practice of industrial trades. Furthermore, Industrial Education was restricted to handicrafts which were rapidly being replaced by machinery. Bond (1934) and Frazier (1961) argued that as the South was caught up in the industrialization movement, Southern legislatures were more willing to allow the replacement of industrial courses with classical courses, since the latter programs were undoubtedly cheaper. Finally as the Black population became increasingly urbanized in both the North and the South, Industrial Education became irrelevant to the needs of the Black community (Mrydal, 1942).

Ironically, although the original intent of many of the patrons of these schools was to train Blacks as agricultural and mechanical laborers, most of these schools became the channels through which Blacks attained middle class and professional status.

In 1915, a new generation of Black college presidents, led by John Hope of Morehouse College, began to lobby foundations for more funds for their schools and argued that they should be able to strive for educational equality, as opposed to developing an inferior educational track for Blacks (Fosdick, 1962: 199).

Many of the colleges were able to offer college level courses by 1916. By the 1920s most of the colleges now in existence began to offer college level courses and began to drop their elementary and secondary schools. Between 1921 to 1931, the percentage of Blacks enrolled in college level courses increased from 15 percent to 63 percent (Bowles and Decosta, **1971:41**).

The first government sponsored survey of Black schools was undertaken in 1917. The survey, which was funded and staffed by the Phelps Stokes Fund, represented the beginnings of a movement to regulate the development and quality of Black educational institutions. A major underlying purpose of this survey was to identify academically deficient institutions and to provide a list of quality institutions to private funding agencies. Consequently, a number of the most academically feeble institutions were closed as a result of this report (Jones,

1917). However, the director of the **survey**, Welch sociologist Jesse T. Jones of the Phelps Stokes Fund, was strongly attached to the Industrial Model of education, despite the social and demographic shifts mentioned previously and this bias influenced Jones negative rating of many schools which focused on classical and academic education (King, 1971). The second survey initiated in 1928 and staffed by a Black researcher resulted in 31 colleges being sanctioned by the American Medical Association to offer premedical education (Holmes, 1934: 183).

In the late **1920s**, a group of Black leaders lobbied the Southern Association of Colleges and Schools to establish criteria for accrediting HBCUs. Before this time, Black educators had previously undertaken efforts to rate their schools through the establishment of the Association for Negro Youth which was founded in 1913. In 1928, the American Council on Education joined with the Association for Negro Youth to rate Black colleges. Although Blacks requested that their schools be rated by the same criteria as white colleges, the Association refused and instead established an **"A"** and **"B"** list of schools (Thompson, 1937 and Hill, 1985).

By 1939, the Southern Association of Colleges and Secondary Schools had awarded Class **"A"** ratings to only 22 HBCUs (**McCuiation, 1939:29-30**), and five other **HBCUs** were accredited by the North Central Association and the Middle States Association. At this time, only 22 percent of Black colleges were accredited, while 46 percent of white colleges in the eleven states served by

the Southern Association were accredited. The Associations, despite Black protests, continued to employ inferior accrediting standards for Black colleges until the early 1960s.

The 1920s also marked the beginning of a movement to replace white faculty and administrators with Blacks. The graduates of these colleges began to replace white missionaries, although whites continued to control the higher level administrative positions. Both Atlanta University and Tuskegee Institute were set up under Black presidents, but Howard University did not elect its first Black president until 1926 (Frazier, 1962). The last white president of a Black college did not resign until the late 1960s. Whites still continued to control positions on the board of directors at all of the schools.

Frazier (1962) pointed out that the second and third generation of white teachers who taught at the Black schools differed significantly from their predecessors. Missionary work began to occupy a lower status by the first few decades of the twentieth century and many of those whites who were sent to teach at Black colleges often represented individuals who could not attain employment elsewhere.

Under segregation a full fledged academic community and hierarchy evolved. Although never **equal** financially or academically it closely resembled its white counterpart. These colleges published their own journals: held their own conferences: formed separate fraternal orders; and organized occupational interest groups. A hierarchy emerged in which those

schools most favored by philanthropists trained doctors, ministers and other professionals, while the remainder supplied teachers for the segregated primary and secondary schools.

#### THE DEVELOPMENT OF GRADUATE EDUCATION AT HBCUS

Until the **1920s**, white philanthropists dictated that the purpose of the Black Industrial schools was to train Blacks to become better farmers and to provide education in the crafts. By the **1920s**, Black scholars and a group of liberal-minded white foundation officers and scholars were finally able to convince the Rockefeller and Rosenwald Foundations of the need for graduate and professional education at Black institutions (Fosdick, 1962). The first graduate program at a Black college was established at Howard University in 1921 (McCuistion, 1934).

By 1939, there were seven HBCUs that offered the Masters degree (McCuistion, 1939: 101-102). A few of the Black colleges were designated by white philanthropists as the "**Black Ivy League**." Those colleges included Howard, Fisk, **Meharry**, Spelman, Morehouse, Clark, Atlanta University, Dillard and Xavier. These colleges were to provide training to Black doctors, teachers, nurses, social workers and ministers.

Doctoral programs were established at HBCUs after 1954. Howard was the first HBCU to award the doctoral degree in 1957 and Atlanta University was the second, beginning in 1968 (Hill, 1985). Most Blacks who attained the doctoral degree matriculated from Northern white institutions and, in the majority of cases, attended the most prestigious institutions in the nation.

This movement for graduate and professional education received a major infusion after the NAACP launched a campaign to dismantle the dual education system. Beginning in 1933, the NAACP began to launch suits to force the admission of Blacks to white professional and graduate schools. Policy makers in some Southern states had previously set up "loop holes" to maintain segregation by providing "out of State" scholarships for Black students, while others enacted legislation that stipulated that separate facilities would be established for Black students to pursue graduate and professional education if the need arose. The NAACP suits forced the Southern states to abide by these laws and as a result, in all of the Southern states where a suit had taken place legislatures **were** forced to establish Black professional and/or graduate schools. The strategy of the NAACP however, was to demonstrate to the Southern legislatures the expense of providing dual institutions and the impossibility of establishing equal facilities at this level (Bullock, 1967 and Kluger, 1980).

Their first victory came in 1935, with the Murray v. The University of Maryland and the school was forced to admit a Black student to their law school. In 1938, the Supreme Court ruled in Gaines v. Canada that the University of Missouri would have to admit a Black student, Lloyd Gaines, to its law school. Lloyd Gaines "mysteriously" disappeared before he could enroll at the university, but the case set a precedent since it ruled Blacks could not be excluded on the basis of race from graduate and

professional schools at white colleges. The victories in these cases prompted the foundations to begin to devote more attention to the development of medical and graduate schools at **HBCUs** to prevent the formation of "**makeshift**" schools in the Black community. Most importantly, however, they wanted to prevent further attempts to dismantle the dual education system, since officials at the foundations believed that such a movement would only exacerbate existing conflict between the races (Fosdick, 1962). In order to prevent integration, the Southern legislatures began to devote funds to these schools right before the Brown Decision.

In 1945, Dr. Frederick Patterson, the President of Tuskegee, organized Black college presidents from the 42 private Black colleges into the United Negro College Fund. The establishment of this organization revolutionized fund raising among Black colleges and centralized their political influence.

#### **BETWEEN TWO WORLDS: THE CIVIL RIGHTS ERA AND THE ATTACK ON HBCUs**

By 1951, the NAACP had secured the legal right of Blacks to attend white graduate and professional schools. The Brown v. Board of Education Decision in 1954 destroyed the legality of the dual education system and Black colleges were caught "between two worlds."

The impact of the Brown Decision, however, was not realized at Black colleges until after the Civil Rights Movement began to escalate. Some policy makers **and** foundation officers privately discussed the eventual dismantling of these institutions and

optimistically predicted that Black students would be integrated into white colleges (Winkler, 1973 and Conley, 1982; 1990).<sup>9</sup>

In 1957, the Southern Association of Colleges and Schools finally admitted Historically Black Colleges and Universities (HBCUs) into their membership. However, along with this decision, the Association decided to drop the inferior set of accrediting standards for Black colleges, a decision which would mean that a large number of these schools would not be able to attain accreditation. In 1961, only 45 out of 113 Black colleges had been granted membership in the Southern or North Central Association for Colleges and Secondary Schools. Many of the others had been placed on a "so-called approved" list, which designated that the schools, though reasonably good, were still not up to the standards of the accrediting associations. In December of 1961, the Southern Association planned to drop the "so-called approved" listing. Although Black educators had long begged them to do so, their pleas had previously fallen on deaf ears as long as these colleges were only for Black students. Furthermore, after the Brown decision, white college administrators began to fear that the mass admission of Black students from Black colleges with inferior academic standards would lower the academic quality of competitive white colleges and universities.<sup>10</sup>

The escalation of the Civil Rights Movement in the late 1950s capitulated Black colleges into the international spotlight for the first time since the period of Radical Reconstruction.

The famous lunch counter sit-ins, boycotts of white stores and theaters, and "freedom **rides**" which together dealt a decisive blow to segregation of public accommodations in the South were initiated by students from these institutions.

Black colleges during this brief period (1954 to 1966) were seen by most government and foundation officials as the vehicles through which to channel money to promote Black equality. The academic deficiencies of these schools were suddenly "**discovered**" by government policy makers and scholars **from** mainstream academia and a number of programs were established by private foundations to foster cooperative arrangements between elite Northern universities and HBCUs.

Through monies provided by Title III of the Higher Education Act of 1965, cooperative exchanges or rather "**Big Sister/Big Brother**" programs between HBCUs and elite universities were funded. Teacher corps programs were established, whereby white graduate students from Ivy League and other elite institutions travelled South to teach in HBCUs. This movement was reminiscent of the first Black education movement which occurred after the Civil War and many white and Black students from the North were drawn to the South to not only upgrade the academic quality of these schools, but to participate in a movement which strove to create a new social order (Langer, .1964).

During this same period, the academic quality and legal status of Black colleges came under attack from several white and conservative Black scholars in the mainstream academic community

(Jaffe, Adams and Meyers, 1967, Jencks and Riesman, 1967 and Sowell, 1972). The most notable of these attacks were published in the mid-1960s by the College Board Review and the Harvard Educational Review. They asserted that Black colleges fell near the "tail end of the academic procession" and suggested that several of the colleges become junior colleges. An article published by the College Board Review referred to Black colleges as the "ugly ducklings" of the academic community. After the publication of these articles, many policy makers and foundation officials began to publicly question the morality of maintaining the institutions and discussed plans to dismantle or merge the schools.

Black colleges were criticized in the 1960s and 70s for their antiquated administrative practices, disorganization, mismanagement of funds and preoccupation with Greek letter societies and athletic events (Jencks and Riesman, 1967: Jones, 1972, and Sowell, 1972).<sup>11</sup> AS Carnegie financed researchers, Bowles and DeCosta pointed out in their study of Black colleges, segregation had forced HBCUs to create a "distorted mirror image of the white system."

The consequence of this practice was that the Negro system, without contact with the rest of the educational system, had to develop itself according to what it could see of that system. In so doing it tended to copy visible aspects of the white procedures, such as the announced program of studies and formal requirement, academic ceremonies, athletic events, and social activities--without knowledge as to the internal workings of the system or guidance as to how to evolve concepts of operations based on its own

problems and resources (Bowles and DeCosta, 1971:38).

The rise of Black studies programs at predominately white colleges in the North created another set of Black college critics. In contrast to their white colleagues who questioned the academic quality of these schools, Black studies scholars criticized these schools for their conservatism and feeble attempts to emulate white academia, their rejection of Black studies programs, and their efforts to stifle political activities by their students and faculty (Ballard, 1973 and Hill, 1975).

The autocratic and paternalistic control of Black college presidents **over** their faculty and students became a major focal point of criticisms of **HBCUs**. This rigid control stifled academic creativity among faculty and students. For decades, this authoritarianism served as a valuable function since Black college presidents had to protect their students and faculty from a hostile white community and it was imperative that they could monitor every activity on their campuses. However, many **HBCUs** presidents still remain wedded to this practice despite the fact that the world has changed. These types of criticisms of Black colleges began to decrease by the mid 1970s as Black scholars began to publicize empirical research documenting the important contribution of Black colleges to the education of Black leaders, professionals and scholars (Thompson, 1973 and Gurin and **Epps, 1975**).

Desegregation rulings negatively impacted some of the schools which were forced to merge and lose their identity during this period. Some schools were forced to stretch their meager resources to provide tuition subsidies for white students (Tollet, 1981). For the most part, these schools have been much more successful in integrating their faculties and administrative staffs than their white counterparts and their professional schools (especially medical and law schools and doctoral programs) attract white students. In 1982, approximately 1 out every 10 students at **HBCUs** were white and whites constituted 17 percent of the graduate enrollment and 14 percent of their professional school enrollment. International students comprised 15 percent of the graduate enrollment and 2 percent of the professional school student bodies (Hill, 1985:24-25).

At the undergraduate level, most **HBCUs** remain overwhelmingly Black. However, most **HWCUs** remain overwhelmingly white while their professional schools have made little progress in recruiting Blacks, especially in the South. Although there were white students enrolled on every public HBCU campus, there were no white students at one-third of the private Black colleges.

In the **1970s**, a landmark desegregation suit, Adams v Richardson, was launched and if it had been entirely successful it would have had a greater impact on education than even the Brown Decision. The case charged that the Federal Government had been negligent in its enforcement of Title VI of the Civil Rights Act and had not withheld Federal funds from institutions which

failed to comply with anti-discrimination laws. If the funds had been withheld, HBCUs would have been forced to demonstrate progress in providing **equal** educational opportunities to Blacks and the state governments would have been required to enhance HBCUs and compensate them for past discrimination. Many Southern university systems had also built or enhanced existing white state or junior colleges after desegregation at the expense of Black colleges (SEF, 1974 and Tollet, 1981).<sup>12</sup>

Although the litigation which spanned more than a decade was not entirely successful, it did precipitate some positive changes. HBCUs in 19 states which had maintained separate systems were required to establish goals and time tables for implementing desegregation and Blacks were finally elected to serve on the Boards of Regents, the governing bodies of state university systems in all of the Southern states (SEF, 1984 and Blackwell, 1987). Nevertheless **HWCUs** in the Southern states have made little progress in dismantling duality and Black colleges are still treated as foster children in funding decisions.

Although a few Black colleges were forced into oblivion during this tumultuous period, Black colleges as a whole were able to organize a strong political base which would enable them to not only survive, but for the first time in history begin to function in the mainstream academic community. The formation of the National Association for Educational Opportunity (NAFEO), a lobbying group comprised of the college presidents of all of the HBCUs and predominately Black colleges represented a major step.

Through this organization, the United Negro College Fund (UNCF) and the Congressional Black Caucus, Black colleges have been able to apply political pressure to five Presidential administrations, beginning with Nixon, to recognize Black colleges as a national resource. The Nixon, Ford, Carter, Reagan and Bush administrations have all established special task forces, committees and initiatives to address the needs of HBCUs.

Still, these committees and task forces have only been able to negotiate special **"set aside"** funds for HBCUs and after decades of enforced poverty and exclusion, it is virtually impossible for HBCUs to compete with **HWCUs** for grants. In 1985, only 5.2 percent of Federal funds awarded to higher education were designated to Black colleges and over 30 percent of these funds were earmarked for students as opposed to institutional aid (NAFEO, 1989).

**THE SOCIAL SCIENCE RESEARCH LEGACY OF HISTORICALLY  
BLACK COLLEGES AND UNIVERSITIES**

Despite their meager resources, scholars at HBCUs have produced some of the most important social science research in this country. The most notable centers of research were at Atlanta Fisk, and Howard Universities. And even though Tuskegee Institute was wedded to Industrial Education, it was Booker T. Washington who hired a white sociologist, Robert Park, to work at Tuskegee. Park later gained prominence at the University of Chicago and pioneered studies in urban sociology and he was instrumental in recruiting Black graduates to the University of Chicago's sociology department. For decades, the Chicago School

of Sociology produced the most influential sociologists in the country. Its Black graduates included Charles S. Johnson, Allison Davis, E. Franklin Frazier, and Horace **Cayton**, all of whom gained recognition as giants in the field.

During this period, the major foundations which funded social science research, the Laura Spelman Rockefeller Fund, the Rosenwald Fund and the Phelps Stokes Fund, tended to use HBCU scholars in the field to collect data and only a few prominent Black scholars, most notably Charles S. Johnson received major social science grants. For instance, Swedish sociologist Gunnar Myrdal was selected to direct the Carnegie Corporation's landmark study of Black life, An America Dilemma, although there were several qualified Black sociologists available for the position. Even though the final report was largely built on field research collected and written by Black social scientists from the **HBCUs**, theoretical orientation, editing, and administration was controlled by whites (Stanfield, 1985: 163). The study which was initiated in 1938 and published in 1941, shaped race relations research in this country for the next three decades.

The most notable centers of social science research were at Atlanta and Fisk Universities. These universities developed graduate programs which trained and certified men for every field in which professorships existed (Jencks and Riesman, 1968). The most famous social scientist was W. E. B. **DuBois** who taught at Atlanta University.

Atlanta University

Although W. E. B. Dubois is probably most well known for his role in founding of the NAACP and his debates with B. T. Washington, his important contribution to American social science has often been overlooked. For instance, Dubois was the first American scholar to study under the tutelage of Max Weber, who was the major architect of Western sociology. Dubois also initiated and completed the first ethnographic study of an American city, entitled, The Philadelphia Negro.

DuBois presented an ambitious one hundred year research plan for the university and proposed that comprehensive studies be undertaken on various aspects of the Black community, including business, education, religion, welfare organizations, family life and criminality (DuBois 1904: 88). Given the meager resources available to Atlanta University, only a few cursory examinations of Black organizations and aspects of community life were completed. The following studies were completed by students of DuBois: Some Efforts of Negroes for Their Own Social Betterment (1898 and repeated in 1909); Economic Cooperation among Negro Americans (1907); The Negro Artisan 1902 and 1912; and a collection of studies of the charitable work of churches, secret societies, and other voluntary organizations (Rudwick, 1974:41).

The Atlanta University's studies represented the diligence and determination of Black scholars to develop a major research institute despite opposition from both the state government and

philanthropic foundations. In 1939, Dubois founded the sociological journal, Phylon and for five decades this journal provided Black, white, Hispanic, African, and Asian scholars with a publishing outlet. Publication of the journal was unfortunately suspended in 1990 because of lack of funds and what seems to be the current administration's disinterest in the promotion of social science research.

Throughout the **1930s**, 40s and **50s**, anthropology, sociology, political science, social work and education graduate students and faculty from the Atlanta University produced important work in urban studies and race relations. The Rockefeller Foundation's General Education Board and the Rosenwald Fund provided HBCU scholars with fellowships to conduct thesis and dissertation research throughout the 1930s and 40s and many of these manuscripts provided the basis for books or were published in Black publications including, Phylon, the Journal of Negro Education, and the Journal of Negro History.

Fisk University

Under the presidency of Thomas Elsa Jones and the directorship of Charles S. Johnson, the Sociology Department at Fisk University was transformed into one of the premier centers of race relations research in the country. Funding was provided by the Laura Spelman Rockefeller Memorial Fund and the Rockefeller Foundation. This move to develop Fisk as a premier institution occurred after major student demonstrations and unrest had erupted in 1921 and peaked in 1925 when students

demanded that Fayette A. McKenzie resign as president of the university (Smith, 1974: 165). The **Mckenzie** administration was accused of paternalism and racism. Although Jones was white, he exhibited a sensitivity to the Black community and under his leadership Fisk became recognized as an outstanding American college and attained accreditation from the Southern Association of Colleges and Secondary Schools and the Association of American Universities.

Throughout the 1930s and **40s**, research was restricted to race relations.

The aim of the Social Science department [was] ... to produce original studies which would be of considerable value in understanding the Negro and his problems. It was proposed to realize these objectives by means of a program of teaching and research ... that would not only acquaint the student with the facts of his social and economic background but inspire him to use these facts to benefit himself and his community. (Stanfield, 1985: 87).

The institute undertook studies on Black youth, Nearo Youth at the Crossroads and Children of Bondage. The latter study was important in deciding the Brown Decision. Fisk University had its own press from 1932 to 1947 and between 1926 and 1950, Fisk faculty members published over 71 books and pamphlets (Smith, **1974:174**).

Throughout his career, Johnson received funding from the Julius Rosenwald Fund. His research not only shaped foundation policies and programs in the Black community, but also was employed by Federal Government agencies. He served as chair of

the Sociology Department at Fisk from 1928 to 1945.

Despite the amazing track record of scholars at the **HBCUs**, their white patrons at the major foundations refused to provide them with the necessary support to pursue research in the social sciences. Research was a luxury that the white philanthropists, who controlled much of the financing of both white and Black colleges, felt that Black colleges could not afford. Instead Black colleges were encouraged to train teachers and practitioners, not researchers. While the Rockefeller Foundation's General Education Board (GEB) **was** developing major research institutions at a select number of white university centers in the country, they were providing funding for Black colleges to train practitioners and apply theory, not construct it.

During the days of segregation, the private foundations encouraged that research on Blacks and race relations be conducted at **HBCUs**, but also felt that Black scholars could not be objective enough to administer the major studies which the foundations undertook in this area (Willie and Edmonds, **1978**).<sup>13</sup> As mentioned earlier, when the Carnegie Corporation launched their American Dilemma study in 1938, they decided to hire Swedish sociologist Gunnar Myrdal over qualified Black sociologists such as Charles S. Johnson or Horace Mann Bond.

Likewise in 1952, when the Ford Foundation's Fund for the Advancement of Education launched a large scale study on the segregated education system in the South, they initially tried to

award the research grant to several major Southern universities. But as one foundation director and researcher on the project later recalled, "**None** of them [white schools] would touch the study with a ten foot **pole**." He explained that only the Black colleges in the South would risk undertaking research which **was** socially and politically controversial. Nevertheless, the Fund for the Advancement of Education opted to establish their own research entity for the study rather than place it at a Black school. Black social scientists and historians, however, were hired to collect data and write important sections of the document (Ashmore, 1957). The study provided much of the empirical data which shaped the implementation of the **Brown Decision**.<sup>14</sup>

It is ironic that despite the amount of money which was channelled to the white university centers in the South to conduct research in race relations, the most important body of social science research in this area was generated at **HBCUs**. Foundation officers later expressed disappointment that institutions such as Emory and Peabody College (now a part of Vanderbilt) failed to make a major contribution in this field, despite the millions of dollars which the foundations channelled to them (Fosdick, 1962).<sup>15</sup>

#### **CONTEMPORARY SOCIAL SCIENCE RESEARCH AT HBCUs**

Today, most of the research on Blacks and race relations is financed at predominately white universities. With the exception of Howard University, the volume of social science research at

Black colleges declined after desegregation. Fiscal problems, the declining pool of graduate students in the U.S. and desegregation of white universities were all factors which contributed to the decline of research centers at Black colleges. First of all, the civil rights movement and urban upheavals of the 1960s precipitated major Northern white institutions to begin a massive drive to recruit Black students and faculty. Secondly, the private foundations, which had originally promoted research at HBCUs, shifted their graduate fellowships for Blacks to predominately white universities. Thirdly, the programs which fund scholarly research by HBCU faculty are almost exclusively awarded to predominately white university research institutes, e.g. Underclass Project at the University of Maryland, College Park and summer programs sponsored by the Eli Lilly Foundation at major Midwestern universities. In addition, research grants awarded to HBCU scholars frequently require that they work jointly with a white **"big brother or big sister"** institution. These cooperative arrangements have their roots in cooperative arrangements sponsored by foundations in the early 1960s and later funded by Title III of the Higher Education Act. The assumption underlying the aforementioned practices is that quality research cannot be undertaken or developed at HBCUs (Conley, 1982).

The paucity of **Ph.D** programs provides a major obstacle to the development of research at HBCUs. In 1985, there were only eight HBCUs with doctoral programs: Atlanta University (now

Clark-Atlanta University): Howard University, Interdenominational Theological Seminary, Jackson State University, Meharry Medical College, Morgan State University, Tennessee State University, and Texas Southern University. The largest percentage of doctorates awarded by these schools are in **education**.<sup>16</sup>

The Industrial/Classical debate which dominated funding decisions concerning Black colleges has taken a new form. HBCUs are still viewed as institutions which train undergraduates and practitioners, while a select number of elite predominately white colleges have been designated to engage in "pure" scientific research. It is extremely difficult for less prestigious white schools to compete with preordained research institutions such as Harvard, Yale, Berkeley, University of Michigan, MIT, etc. For HBCUs, it is often impossible. There is an unspoken agreement among both private and public funding agencies to channel **non-**research grants to HBCUs. These grants most often provide funding for conferences.

Most of the highly publicized social science research at HBCUs in the last two decades (1970s to 1990s) has been undertaken in reaction to negative research conducted by white social scientists on various aspects of the Black community and has received limited funding from Federal agencies such as National Institute of Mental Health (NIMH) and private foundations. For instance, in the late 1960s and early 1970s, a entire genre of research was produced by Black scholars at both HBCUs and predominately white colleges in reaction to an article

written by Christopher Jencks and David Reisman (1967) that appeared in the Harvard Education Review and was reprinted in their book, The Academic Revolution. Another category of research was generated by **Moynihan's** report on the Black family.

Since the late **1970s**, a few foundations have purposively selected HBCU scholars to conduct policy oriented research on desegregation and Black education.

A final reason for the decline in social science research at Black colleges stems from the fact that since the **1970s**, Black college presidents as a group have begun to pursue grants in the hard sciences as opposed to social sciences. One obvious reason for this trend is that the wealthiest federal agencies are those agencies which employ research from the hard sciences. Another reason is that a number of these present day HBCU presidents hold degrees in the natural sciences, while their predecessors of 30 to **40** years ago were more likely to hold doctorates in education, religion **or** the social sciences. And in contrast to most other academic institutions, Black college presidents and not research scholars define the research agenda at their schools. Their authority is further reinforced by the fact that federal policy makers and foundation officers have appointed these presidents as the major spokespersons and negotiators for these schools.

The preceding discussion on the factors constraining scholarly research at Black colleges is important because it helps to explain why the National Institute on Drug Abuse (NIDA) sponsorship of the research contained in this volume is so

important. **NIDA's** effort is unique since it represents the first time that a government or private funding agency has actually facilitated a large group of HBCU scholars to undertake and publish their own empirical research. Previous publications sponsored by private foundations and other government agencies have merely provided HBCU scholars with a forum to address negative research produced by white scholars (e.g. the Jencks and Riesman study and the Moynihan report) or have commissioned policy research on specific topics. The NIDA efforts provided HBCU scholars with a rare opportunity to publish articles of journal quality. Finally, and perhaps most importantly, the **NIDA project** was not part of a cooperative arrangement between a Black college and a "**sister**" white institution and HBCU scholars were given the same autonomy afforded both white and Black scholars at prestigious predominately white colleges. The government has funded other conferences on issues of interest to HBCU scholars, specifically the Black family and student achievement at Black colleges. However, the resulting articles from these conferences have largely been essays. They have not presented the researcher with a forum to present and publish data from their own empirical studies and to begin the journey from "**isolation** to mainstream."

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## ENDNOTES

1. Historically Black Colleges and Universities refer to those institutions which were established before and after the Civil War to educate Blacks. Predominantly Black colleges and universities refer to a relatively new class of institutions which were established after desegregation.
2. The 1988 figures were based on a **survey** in which 104 HBCU institutions responded, whereas the 1989 data were based on information received from all 117 **HBCUs**. See NAFEO INROADS, May 1989, **Vols.** 3, 5, and 6 and Feb. - May 1990, Vols. 4, 5, and 6.
3. American Council on Education, 1990.
4. Enrollment figures for Fall 1989 based on a total of 238,946 students. Close to 200,000 of these students were classified as Black/non-Hispanic NAFEO INROADS, The Bi-Monthly Newsletter of the National Association of Equal Opportunity in Higher Education, February-March/April-May 1990, vol. 4, No. 5 and 6, pp. 1, 5, 10-14.
5. U.S. Dept. of the Interior, Bureau of Education, Neuro Education, A Study of the Private and Higher Schools for Colored People in the United States (Washington, D.C.: U.S. Government Printing Office, 1917).
6. In one county in 1931, it was reported that the Black community raised \$300,000 annually. From record files of Mrs. Mary Foster **McDavid**, State Jeanes Agent for Alabama, in Bond, p. 145, n. 28.
7. Addresses and Journal Proceedings of the National Educational Association, (Albany, New York), pp. 175-76, in Henry Allen Bullock's, A History of Negro Education in the South (Cambridge, Mass.: **Harvard** University Press, 1967).
8. Interview with Dr. Samuel M. Nabrit, a former professor at AS during the **1920s**, the former President of Texas Southern University and the current Director of the Atlanta University Center. Berea College, an integrated institution in Kentucky was forced to close its doors to Black students in 1907.
9. The following quote from a *Fisk* administrator appeared in a NY Times article by Karen Winkler:

Now that white colleges have found religion and opened their doors to blacks, we are asked if it is not presumptuous, wasteful and counterproductive to maintain black institutions. April 23rd, 1973, p.1, NY Times, Vol. VIII, no. 26.

10. Dixon to Rhind, Nov. 28, 1961, GEB Records, Box 220, Folder 2111, Rockefeller Archive Center.
11. Black scholars had long criticized these practices at Black **colleges**. See Carter G. **Woodson**, The Miseducation of the Negro and E. Franklin Frazier, The Black Bourgeoisie. Ralph **Ellison**, in his classic, The Invisible Man presents an excellent caricature of the type of Black college president described by these scholars.
12. See for instance, Grier v. Dunn, 337 F Supp. 573, (M.D. Tenn. 1972). Alabama State Teachers Association v. Alabama Public School and College Authority involved a suit brought by Black college instructors to enjoin the Stat8 of Alabama from upgrading an extension center of predominantly whit8 Auburn University in the city of Montgomery into a new four-year college. They argued that such an action would only duplicate existing facilities and perpetuate the dual educational system. The Court however **ruled** against the plaintiffs.
13. This statement is based upon a review of correspondence concerning the Carnegie Corporation's, American Dilemma study and the Fund for the Advancement of Education's, Nearo and the School study. Documents are contained in the Rockefeller Archive Center in Tarrytown, New York and the Carnegie Corporation Archive Center and Ford Foundation **Archive** Center in New York.
14. See Darlene J. Conley, "Philanthropic Foundations and Organizational Chanae: The Case of the Southern Education Foundation (SEF durina the Civil Rights Era)," an unpublished dissertation, Northwestern University, 1990.
15. Between 1902 and 1960, the Rockefeller **Foundation's** General Education Board distributed over \$300 million to education, but **only** \$41 million was earmarked for Black **education**. See Raymond B. Fosdick's Adventure in Giving, pp. 329-335 and the oral history of **Rockefeller** Foundation former Vice President Flora Rhind.
16. In 1985, 73 were awarded in education, 24 in the life sciences, 23 in the social sciences, 12 in theology and 8 in the physical sciences. On the national level, there were 492 doctorates awarded in education, 100 in psychology, 96 in the social sciences, 55 in theology and philosophy and 52 in the life sciences. p. 147, NAFEO.

## CHAPTER 2

### LIVING THE LEGACY: HISTORICAL PERSPECTIVE ON AFRICAN-AMERICAN DRUG ABUSE

Rae Banks, Ph.D.

There are few issues as compelling or as confusing for African Americans today as the abuse of addictive drugs. Caught up in the daily devastation of drug abuse and its violence, African Americans search desperately for explanations. But social scientists who study the contemporary social and economic crisis within the African American community have excluded drugs from their analyses. Those who study the socio-cultural aspects of the drug crisis focus on the individuals and groups who abuse drugs without reference to the ideological and political dimensions of the problem. On the other hand those who examine the problem from the latter vantage points rarely, if ever, consider its effects at the level of the community. To compound the problem, drug historians who have focused on America have not placed African American drug abuse within this extended timeframe.

The purpose of this present article is to explore African American drug abuse within the context of the larger social system and America's drug history. Its overall objective is to use historical inquiry to better understand the contemporary drug crisis within the African American community. It will attempt to achieve this goal by analysing the historical conditions in which drug abuse occurs and the institutional support that sustains it. It is not an exhaustive historical account - that is beyond the

scope of this present effort. It will begin, however, with this nation's early history of narcotics trafficking in order to trace the historical patterns and social processes that propel the course of African America's involvement with addictive drugs. First I will analyse America's 19th century involvement with drugs. Secondly I will explore the consequences of this history for African America's episodic history with drugs. To conclude, I will discuss the implications for African America today and its future.

#### **THE BIRTH OF A LEGACY**

Although it is not a widely acknowledged chapter in the nation's history, Americans were involved in the trafficking of opium in China. In fact many of the "maritime **gentry**" who participated in the slave trade were also involved in international narcotics trafficking (See Dennett, 1963; Harris, 1967; **Seaburg & Patterson**, 1971; Wildes, 1943, for examples). A basic premise of this inquiry is that participation in the China opium trade was the crucible for America's long-standing and seemingly **intractible** problem with drugs.

The most widely promulgated version of the opium trade is that it was a British trade that financed a growing demand for tea, silks and other luxuries in the West. But beginning as early as 1805 and continuing for more than 50 years, American aggressiveness and ingenuity created additional sources of the drug and most importantly, played a seminal role in the expansion of the trade and addiction in China (Downs, 1968; Stelle, 1938;

Taylor, 1969). The history of America's role in the China trade can be found embedded in more comprehensive accounts of American involvement in the Far East (Dennett, 1963; Finnie, 1967; Latourette, 1917), in maritime history (Lubbock, 1933; Morison, 1961) or in the history of the British trade (Morse, 1926; Owen, 1934). Studies of the American opium trade itself are few, beginning with a pioneering analysis by Stelle (1938), a later study by Downs (1968) and personal accounts given by the traders themselves (Cary, 1856; Forbes, 1882; Hunter, 1911). More recently, drug historians have recognized the relevance of this trade for contemporary America, but still it remains largely unexplored (Latimer & Goldberg, 1981; Musto, 1972; Taylor, 1969; Ward & Delano, 1986).

Most significantly, no existing analysis has joined the history of the China trade with an examination of its participants, their profits or their power in American history, although many hold prominent places in the nation's history (see Adams, 1977; Amory, 1947; Cary, 1856; Harris, 1967, Meyers, 1936; Patterson, 1971; Porter, 1931; Wildes, 1943: for examples). When these two seemingly separate chapters of America's history are combined, the relationship between America's 19th century involvement in international drug trafficking and its contemporary drug problem begins to emerge.

One of the most important events in the American traaw to China was the Sino-British conflict that is known as the Opium War (1839-1842). Although Americans were not directly involved

in **the war**, it **was a** pivotal point in the nation's drug story.

Before the conflict American traffickers had organized and controlled their share of the opium trade to serve their own interests (Dennett, 1963; Downs, 1968; Stelle, 1938). For all of that time the federal government and its agencies had observed an "official myopia" - they knew the trade existed, they had supported it with beneficial legislation as they did other commodities, but studiously ignored its moral implications and the fact that it violated the laws of the sovereign nation of China (Dennett, 1963; Downs, 1968; Latourette, 1917; Stelle, 1938).

Although the U.S. opium trade was small compared to the British trade, it was so lucrative that "... the opium trade, like slaves and distilleries, entered into the foundation of many American **fortunes**" (Dennett, 1963, p.119). In turn, these drug profits became part and parcel of the nation's growth just as the driving force of the economy shifted from foreign trade to industrial capitalism. If the investments of John Perkins Cushing, one of the principal figures in the American trade, can be considered typical, then Figure 1 affords an appreciation for the China traders' collective impact in such key **areas** of economic development as transportation, banking and manufacturing (Adams, 1977; Amory, 1947; Brown, 1942; Harris, 1967; Johnson & Supple, 1967; Larson, 1934; Meyers, 1936; Porter, 1931; Seaburg & Patterson, 1971; Wildes, 1943).

**Just** as importantly, opium profits helped America to earn a critical place in the increasingly interdependent world of international finance. According to several economic analyses, it stimulated British investments in the U.S. and helped to bolster the general developmental trend (Buck, 1925; Downs, 1968; Greenberg, 1951; Jenks, 1927). Economically, the opium trade was so critical that, according to **Downs'** (1968) analysis, from the 1830s on "**the** opium trade could not be extirpated without seriously damaging world **commerce**" (Downs, 1968, p. 434). By 1838 every American firm in Canton, except one, dealt in opium (Dennett, 1963; Downs, 1968; Latourette, 1917; **Stelle**, 1938). When a principal in the British trade declared in 1840 that it was "financially inexpedient" (Greenberg, 1951, p. 104) for Great Britain to end the opium trade, it does not seem unreasonable to propose that it would have been disastrous for America's youthful economy.

In this context China's efforts to **stop** the trade in 1838 became the catalyst that transformed the political power and social influence of America's elite drug traffickers into a "conception of national interest with disastrous implications for the **future**" (Downs, 1968, p. 419). The federal government had no Far East policy and sought the traffickers' advice on the impending conflict and its aftermath. Washington reportedly relied so heavily on the traffickers' collective experience that, at its inception, America's Far East policy was synonymous with the interests of the American traders at Canton (Dennett, 1963).

With the Treaty of Wanghia, skillfully negotiated at war's end, U.S. government policy, and not individual traffickers, aided and abetted the spread of opium trading and addiction in China (Dennett, 1963; Fairbank, 1953; Griffin, 1938; Lockwood, 1971; Stelle, 1938). This treaty, which became law in 1844, swore to withdraw the U.S. government's "countenance and protection" of American opium traffickers (Dennett, 1963). But the traffic violated no American laws, **China's** ability to enforce this provision was negligible and, with its return to its traditional "**myopia**", the U.S. government made clear its unwillingness to punish the offenders (Dennett, 1963; Fairbank, 1953; Taylor, 1969). With the opening of 4 additional trading ports, opium in China became a "flowing poison@" (Fairbank, 1933, p. 260) and Americans traded with impunity well before China legalized the trade in 1858 (Dennett, 1963; Fairbank, 1953; Stelle, 1938; 1941; Taylor, 1969). The government's lack of will found support in the same kind of expedient ideology that sustained America's slave trade - a link somewhat less than surprising since many of the nation's shippers participated in both trades. Americans did not know much about China in 1840 but as the Opium War approached public opinion in America reportedly revealed "**a sudden revulsion of feeling**" (Latourette, 1917, p. 124) that may have been engendered by the public statements of the China traders themselves (Dennett, 1963; **Forbes, 1882;** Hunter, 1911; Ward & Delano, 1986). During the war anti-opium sentiment and a negative view of England's actions grew, but with

it the notion of Chinese degeneracy gained prominence as well (Latourette, 1917; **Stelle**, 1938; Ward & Delano, 1986).

Additionally, the view that Great Britain's victory would be good for American business was widely promoted even by very prominent missionaries (American Almanac, 1841; Hunt's Merchant Magazine, 1840, 1843, 1844; Latourette, 1966; New Englander, 1843; Stevens, 1896). In short, the effects of the opium trade on the Chinese **were** viewed as secondary to America's economic growth. Just as with the slave trade, the ends justified the means.

Another aspect of this outlook was revealed in the traffickers' views of themselves. As a group they eschewed the notion that they were smugglers and perceived themselves as good businessmen despite the admittedly "**morally** repugnant" nature of their business (Dennett, 1963, p. 135; Forbes, 1878; Goodman, 1966; Ward & Delano, 1986). Most significantly, in the face of increasing public awareness and concern about China and the War, the role of Americans in China's opium problem was hardly discernible (American Almanac, 1841; Hunt's Merchant Magazine, 1839, 1840, 1843; New Englander, 1843). As one historian described it:

Thus began the myth in the United States, at a time when the Americans at Canton were riding rough-shod over Commissioner **Lin's** embargo on English trade, and smuggling the English cargoes for the season, both in and out of port, that the American in China was an angel of light (Dennett, 1963, p. 105).

But by war's end America's traders had lost their monopoly on Turkey's opium and consequently their market advantage. So as

the most profitable market for America's principle traffickers shifted from East to West (Downs, 1968; Stelle, 1938), there was, arguably, not only a government-supported business climate for opium imports but a receptive ideological framework for the spread of opium addiction.

In 1842 when the first federal opium tariff began to generate revenues from the drug trade, the rate of addiction in America was 0.72 per thousand (Courtwright, 1982). Based on **Courtwright's** (1982, p. 16-28) comprehensive analysis, it could be argued that the federal government controlled the flow of opiates for the domestic market. Figures 2a - 2c illustrate that the amount of opiates imported was, at least partly, shaped by tariff policy. When the tariffs were favorably low, official imports increased and smuggling was reportedly low. When tariffs were high, they had the opposite effect on both official imports and smuggling. Particularly sharp increases occurred just prior to tariff increases with precipitous declines immediately following. But despite the policy shifts and import fluctuations, the general trend was toward increasing imports to meet the nation's increasing demand.

America's growing drug consumption has been attributed to several contemporary phenomena: (1) Medical practices began to change around 1850 and doctors increasingly relied on hypodermic injections of morphine (Courtwright, 1982; Latimer & Goldberg, 1981; Musto, 1972). (2) At about the same time the development of the West stimulated an influx of Chinese immigrants. Having

been introduced to the habit at home, some brought smoking opium, a derivative of opium with no medicinal value. Many more were supplied by Chinese tongs that quickly organized on the West coast (Courtwright, 1982; Barth, 1964). But Federal import records and company records reveal that another major source of supply was the same American traffickers who supplied them in China (Lockwood, 1971). (3) It was estimated that fully 3/4 of the crude opium imports were used by drug manufacturers and patent medicine makers (Young, 1961). So-called 'legitimate' pharmaceutical manufacturing had grown tremendously (Liebenau, 1987) but so had other quacks and medicine makers who marketed secret nostrums often containing addictive substances (Young, 1961; Liebenau, 1987). The two industries were not always separate and distinct (Liebenau, 1987; Musto, 1972; Young, 1961). But in addition to escalating drug imports, the social and ideological milieu also facilitated addiction. American opiate abuse was on the increase but inspired neither public debate nor social protest. It was not condoned or condemned (Brecher, 1972; Courtwright, 1982; Duster, 1970; Grinspoon & Bakalar, 1985; Musto, 1972). It is reasonable to conjecture that since the nation's addict population was predominantly upper-class, female and white (Courtwright, 1982) they were not likely to inspire moral outrage (Duster, 1970). But an equally plausible explanation is that at this stage drug abuse was seen as an outgrowth of American progress. Although there were some physicians who considered addiction a disease (Courtwright, 1982,

1983), many doctors (Calkins, 1871; Kane, 1882), some habitues themselves (Layard, 1874; Ludlow, 1870) and even popular magazines described this link in no uncertain terms:

The terrible demands, especially in this country, made on modern brains by our feverish competitive life, constitute hourly temptations to some form of the sweet, deadly sedative (Harpers New Monthly Magazine, 1867).

It is important to note that in this milieu, Chinese opium smoking was reportedly regarded by most Americans with "contemptuous tolerance" (Courtwright, 1982, p. 186n4).

But nineteenth century progress was marked not only by growth and prosperity but also by economic instability (Brogan, 1987; DuBois, 1935; Foner, 1988) - fertile ground for ideological ferment (Geertz, 1973). In the cataclysmic economic depression of 1873, Americans again had a 'sudden revulsion of feeling' but this time it was for the Chinese here in America. -With the help of Western newspapers' focus on the opium habit, anti-Chinese violence and repression grew in an atmosphere of intensified competition for a shrinking job market (Courtwright, 1982; Helmer, 1975; Hill, 1973; Latimer & Goldberg, 1981; Williams, 1883).

In this charged atmosphere, the first American anti-drug laws were enacted (Courtwright, 1982; Helmer, 1975; Musto, 1972). From 1874 on, laws with criminal sanctions for **opium** smoking spread across the country (Brecher, 1972; Courtwright, 1982; Latimer & Goldberg, 1981; Musto, 1972). It has been suggested by some that these sanctions were designed and enforced to curb

Chinese employment and the trend toward racial mixing in the dens and not the opium habit (Helmer, 1975; Latimer & Goldberg, 1981). The continuing proliferation of imports, smuggling and addiction of all kinds gives adequate testimony to the fact that these laws did little to curb the problem (Courtwright, 1982; Silver, 1979).

While the news media focused on the Chinese, Congressional actions may have exacerbated the addiction problem. Despite the efforts of some Congressmen and other federal officials, the protests of diplomats posted in China and a few citizens groups at home, Congress steadfastly refused to pass restrictive legislation on any type of opium (Courtwright, 1982; Dennett, 1963; Griffin, 1938; Taylor, 1969). In fact the nation's lawmakers took 7 years to pass a law designed to enforce another treaty with China. When the bill was passed it actually protected American opium importers from their Chinese competitors (Courtwright, 1982; Brecher, 1972). One of the most **"remarkable"** (Courtwright, 1983, p. 50) factors contributing to addiction's spread was the fact that a significant share of the nation's physicians continued to use hypodermic injections of morphine indiscriminately. Medical publications warning of the potential for addiction became widespread about 2 years before the newspapers' anti-opium smoking campaign began. But the practice persisted for another 25 years. Thousands of Americans, and doctors themselves, were introduced to opiate addiction through medical practice (Calkins, 1871; Courtwright, 1982; Kane, 1881; Latimer & Goldberg, 1981; Musto, 1972).

The nation's medicine makers enjoyed unprecedented prosperity. By the 1880s the '**legitimate**' firms made an effort to distance themselves from the patent medicine makers, but with the new imports of cocaine they helped to produce a huge variety of addictive over-the-counter products (Adams, 1905; Courtwright, 1982; Liebenau, 1987; **Musto**, 1972; Young, 1961). The nostrum makers insured their marketing advantage by virtue of their widespread collusion with many of the country's newspapers. Beginning around the mid-80s an ominous partnership was struck. The newspapers were enlisted to fight restrictive legislation and to prevent criticism of these products in their pages in exchange for lucrative advertising revenues (Adams, 1905; Young, 1961). Many of these papers, particularly the Hearst chain, were simultaneously villifying the Chinese for smoking opium (Latimer & Goldberg, 1981; Silver, 1979).

As the newspaper campaign became nationwide, some papers apparently tried to give a more balanced account of the opium problem and the Chinese (Williams, 1883). But headlines exacerbated the issue by painting a picture of moral degeneracy focusing more and more on allegations of white women and children being seduced by '**Chinamen**' (Courtwright, 1982; Latimer & Goldberg, 1981). It was not long before the Chinese and their opium dens were widely perceived as inconsistent with the notion of racial purity and American progress (Takaki, 1990). In a series of federal laws banning further immigration in the 80s (Brogan, 1987), an historic first for the nation, all of America

seemed to agree with Jacob **Riis'** assessment that "**The** severest official scrutiny, the harshest measures are justifiable in **Chinatown**" (Riis, 1890, p.69).

But the Chinese were the smallest segment of a growing population of drug abusers. By far the largest group were those introduced to their habits and sustained by their physicians (Courtwright, 1982; Kane, 1881). Another large, indeterminate number of citizens, including infants and children, were exposed to a variety of drugs through the ubiquitous patent medicines - exposure that produced an "**army of rural drug fiends**" (Clark, 1944, **p.203**). But these habitues remained invisible in the glare of the public fascination with Chinese opium smoking.

What also remained invisible was that, in the tradition of the China trade, the U.S. government and powerful elites still manipulated the flow of drugs for maximum profit. In the midst of the public furor over the Chinese and the opium dens, Congress passed what might be called a government-sponsored incentive for the drug trafficking industry. In 1890 the McKinley Tariff lowered crude opium tariffs again but stipulated that only Americans would be allowed to import, manufacture or market opium and its derivatives (Brecher, 1972; Courtwright, 1982).

From the historical evidence, it seems reasonable to conclude that, by the **1890s**, government policy and its attendant ideological support played a significant role in increasing the rate of addiction to opiates and cocaine to 4.59 for every one thousand Americans (Courtwright, 1982). But, in keeping with the

tradition established in the China trade, the "shameful complicity" (Masters, 1896, p. 56) of government policy in the traffic was not the object of public concern. "(T)hat most heeded censor of the public **morals**" (Williams, 1883, p. 129), America's newspapers, had put the social identity of a particular group of abusers in the forefront of the nation's consciousness. At the same time it concealed the link made in **Helmer's** (1975) perceptive analysis between the selective censure of drug use, the job market and the effect of drug sanctions on economic competition as opposed to their effects on the prevalence of drugs.

Whether by accident or design, America's drug problem had been telescoped into a simplistic and distorted perspective defined as much by the reality it chose to conceal as the pejorative links it sought to illuminate. Put most succinctly by Musto (1972):

The most passionate support for legal prohibition of narcotics [was] associated with fear of a given **drug's** effect on a specific minority (p. 244).

After nearly a century of involvement with addictive drugs, America had written its own chapter in the age-old story of man and drugs and had created a legacy for the nation's future. America's drug problem was not simply a matter of the availability of addictive substances. It had been transformed into a peculiarly American phenomenon consistent with the interests of elite groups whose power and influence shape government policy and public opinion.

Our inquiry into African America's drug history then, will explore the role of government policy and ideology and their effects in shaping its course. In addition, given the unique status of African Americans in the nation's economy, we will examine the relationship between intergroup conflict, the job market and the prevalence of drugs.

#### DRUGS IN THE AFRICAN AMERICAN COMMUNITY

##### **The First Cocaine Crisis (1898 - 1914)**

Up until the last years of the nineteenth century America's drug history records very limited African American drug use (Brecher, 1972; Courtwright, 1982, 1983; Musto, 1972), a situation that inspired both reasoned inquiry and racist 'logic'. A North Carolina physician offered an example of the latter when he explained:

We can see some reason why the colored man is not as susceptible to the-habit as the white. He has not the same delicate nervous organization, and does not demand the form of stimulant conveyed in opium - a grosser stimulant sufficing (Roberts, 1885).

It has been suggested that African Americans as a class were less exposed to narcotics as a natural outgrowth of slavery (Courtwright, 1982, 1983). In the American South it could be argued that there was "**Black**" medicine and "**white**" medicine (Savitt, 1978). Even though slaves were sometimes treated by doctors and given opiates from the home medicine chests marketed across the South, there was a well-documented preference for herbal medicines and treatment by "**slave doctors**", men and women steeped in African sacred traditions (Creel, 1988; Genovese,

1976; Jacobs, 1987; Keeney, 1989; Postell, 1970; Savitt, 1978, 1989; **Shyrock**, 1960).

Recent study has shown that African American Civil War veterans could not be found in the rolls of post war veterans addicted to opium (Glathaar, 1990). While Glathaar (1990) attributes their absence to the tremendous social support these soldiers were accorded in their own community, it may also be that they were less often treated with medicinal opiates in the poorly equipped, segregated field hospitals where so many died (Glathaar, 1990; **Gillett**, 1987).

On the other hand, the slave population was the target of some patent medicine makers (**DeBow's** Review, 1853; Young, 1961) and after the war freedmen were said to be among the country stores' and the travelling medicine shows' best customers (Clark, 1944; Young, 1961). And the sheer numbers of addicted white Southerners, particularly upper-class women, must have increased the risk of exposure for some slaves (Clinton, 1982; Courtwright, 1983; **Woodward & Muhlenfeld**, 1984).

Contemporary surveys indicate there were some African Americans who were addicted to drugs in the 19th century (Courtwright, 1982, 1983; Terry & Pellens, 1928; Work, 1900; Williams, 1880). But in the context of such widespread and varied drug use across the country, the relative non-involvement of African Americans is remarkable.

Renewed scholarly interest in African American history provides another plausible explanation for the relative lack of

drug abuse in the 19th century. There has been ample **document-**  
**ation** of the cultural integrity and cohesiveness of the African  
American slave community (See Blassingame, 1972; Creel, 1988;  
**Gutman**, 1976; Harding, 1983; Webber, 1978, for examples). It may  
be appropriate then to consider slave culture a significant  
factor acting as a barrier to drug abuse. While white America  
may have exercised coercive physical power over slaves, these  
studies suggest that slave culture was a potent countervailing  
force for resisting drug abuse. Further, history does confirm  
that with Emancipation, the ideological efficacy of this cultural  
base was translated into political, social and economic praxis  
(Davis, 1983; DuBois, 1935; Foner, 1990; **Gutman**, 1976; Harding,  
1983). But as African America's status changed so would its  
exposure to addictive substances and to America's drug legacy.

It is more than historical coincidence that the first drug  
episode identified with the African American came on the heels of  
economic and ideological change. In addition to experiencing  
tremendous economic growth and an unprecedented re-distribution  
of wealth (Brogan, 1987; Phillips, **1990**), post-Emancipation  
America was said to lack an ideological "**core**" (Wiebe, 1967).  
Questions of free labor and who was to share in the growing  
wealth and political power needed to be resolved (**DuBois**, 1935;  
Foner, 1990). Southern landowners, the Populists and labor  
unions joined laborers in a major social reform movement that  
challenged the Northern industrialists' bid for-economic  
domination (Brogan, 1987; DuBois, 1935; Foner, 1988; **Woodward**,

1966). In the South, the fulcrum of the African American revolution, the issue was presented in starker terms:

If the Negro is permitted to engage in politics his usefulness as a laborer is at an end. He can no longer be controlled or utilized. The South has to deal with him as an -industrial and economic factor and is forced to assert its control over him in sheer self-defense (Aptheker, 1964, p. 763).

Federal and state governments, north and south capitulated to the institutionalization of racism and its ideology (Davis, 1983; Frederickson, 1971; Woodward, 1966) buttressed by America's own brand of social Darwinism (Harris, 1980). "By 1898 the pattern for the constitutional disenfranchisement of the Negro had been completely **drawn**" (Franklin, 1980) and with it the crucible for African America's drug history.

In that same year a cocaine "**expert**" noted that cocaine used solely for its "**exhilarating effects**" was becoming widespread among "**negroes**" (Scheppegrell, 1898, p. 421). In the spring of 1900 allegations of African American cocaine abuse exploded onto the front page of a New Orleans newspaper. Admitting that cocaine was used by all classes, upper-class use was deemed "**unworthy** of consideration compared to the . . .**lower** class of **negroes**" (N.O. Times Democrat, 4-26-00, p. 1). The article went on to paint a lurid picture of the effects of cocaine on the abusers' behavior. A follow-up story focusing attention on cocaine's accessibility was published 2 days later (N.O. Times Democrat, 4-28-00). Soon other newspapers in other cities began

to tell of cocaine abuse among African Americans (American Druggist, 1900).

For the next 15 years news articles describing Black cocaine use appeared in newspapers, medical journals and magazines across the country (Ashley, 1975; Courtwright, 1982; Musto, 1972). Early articles depicted it as an example of African American degeneracy (Atlanta Constitution, 11-12-00; 12-3-00; 1-1-01; N.O. Daily State, 8-8-00; Times Democrat, 10-31-00). But in a short time the emphasis shifted to the crime and violence cocaine allegedly inspired in otherwise "**controllable**" Negroes (American Pharmaceutical Association, 1902; Atlanta Constitution, 12-27-14; New York Times, 3-20-05). Policemen offered tales of "**cocainized negroes**" impervious to bullets (New York Times, 2-8-14); on rampages and shooting sprees (New York Herald, 9-29-13); having wild orgies and committing a variety of crimes (Pittsburg Post, 1-7-09; New York Times, 2-8-14). In New Orleans in 1900 and Atlanta in 1906, cocaine played a role in anti-Negro violence.

In Atlanta African American cocaine abuse was reported as early as 1900 and was said to make an "astonishing conquest" among Negroes (Hitt, 1906). This "**new** phase of the negro **problem**" (Hitt, 1906) served as the impetus for a series of punitive legal sanctions. In the only challenge to this campaign found thus far in a burgeoning **African American** press. (Bullock, 1981), an Atlanta editor angrily protested

In the campaign against cocaine, the pretense ought not to be set up that the Negro is the sole user of the drug.... The Negro buys all of his cocaine from the whites, learned how

to use it from the whites and has a large number of Caucasian examples in the city today... When the campaign is started against cocaine fiends and vagrants, all cocaine fiends and vagrants ought to suffer and not the poor Negro only, whom our daily papers would have us believe are the only sinners in the premises (Barber, 1905, p. 604).

But the newspaper campaign continued and allegations of sexual assaults by African American men against white women, a new, persistent and explosive theme in the "new" South, were linked to cocaine abuse (Atlanta Independent, 9-1-06; Atlanta News, 7-31-06 to 9-23-06). The flashpoint came with an Atlanta Journal extra proclaiming the alleged rapes of 4 white women in one afternoon (September 22, 1906). After the 4 day riot which took many lives, the Journal and other Atlanta newspapers were castigated by the northern press, a local grand jury and civic leaders for using "**viciousness** and lies" to fan the flames of racial tensions (Atlanta Constitution, 9-27-06; **DuBois**, 1906). In reply the main offender countered:

The Journal does not believe that there is a sane man in this community who does not feel in his heart of hearts that the presence of innumerable low dives where hell-raising whiskey and brain-numbing cocaine is dished out to worthless, trifling negro loafers, is but the primal cause of the terrible assaults upon white women and the resulting awful horrors of the riot.... (September 24, 1906, **p. 6**).

It is important to note that one of the factors involved in this incident was a "**struggle** for survival" between the 2 evening papers, the News and the Journal (Deaton, 1969, p. 188). One of the candidates in the hotly contested governor's race that year

was also the editor of the Atlanta Journal. He was victorious in his bid for governor (Woodward, 1966; Deaton, 1969).

Historians question the validity of this cocaine "**epidemic**" based on its thinly-veiled political intent and the fact that many of these stories were not substantiated (Ashley, 1975; Courtwright, 1983; Grinspoon & Bakalar, 1985; Helmer, 1975; Musto, 1972). Musto (1972) also cites a contemporary study that refutes the contention that African Americans were **over-**represented among America's cocaine abusers (Green, 1914).

Subsequent research confirms a lack of substantiation for many of these news stories. In some the flashword cocaine was used only in the headlines and could be found nowhere else in the story (New York Tribune, 9-29-13). Another time a substance **labelled** cocaine was never officially identified (Hair, 1976). And there is ample evidence that cocaine was widely available to all - a point made by several druggists arrested in Atlanta. They complained of being singled out because they were located in the Black community and pointed out that cocaine was sold in the rest of the city with no problem (Atlanta Constitution, 1-27-01). Elsewhere there were reports of cocaine being given away on city streets to whet the appetites of potential customers (New York Times, **8-8-08**; Adams, 1905).

Philadelphia in 1910 provides a rare example of what appears to be an even-handed campaign to eliminate cocaine abuse (The North American, March-May, 1910). Both Blacks and whites abused cocaine and were arrested. A protracted media campaign

made no mention of sexual assaults being committed.

This first drug episode provides confirmation for the notion of an American drug legacy. As in the Chinese opium smoking crusade, the social milieu was one of economic change and intensive group conflict. The power of the press insured that the identity of a specific group of abusers was paramount. Again, the legal response to this episode was an active period of anti-drug legislation. However, unlike the first anti-drug campaign, this episode was associated with the beginnings of Congressional oversight for some of the nation's addictive substances. But given this legacy, it is important to examine the effects of this new role.

Local anti-cocaine laws spread across the country beginning around 1900 (Musto, 1972) followed by federal legislation. But state and local laws contained many loopholes (Musto, 1972) and, as noted above, for a time the only restraints on imports were tariffs. Although the figures have been considered somewhat misleading, one contemporary study revealed that from 1898 to 1902 cocaine imports increased **40%**, while opium and morphine increased 500% and **600%**, respectively. The population had increased only 10% (American Pharmaceutical Association, 1902, 1903; Courtwright, 1982; **Musto**, 1972).

Surveys of annual police reports in Washington (1906-1920), New Orleans (1897-1905) and Atlanta (1899-1903) reveal generally lax enforcement of local drug laws. In New Orleans for example, an anti-cocaine law was passed in 1897. But from that date to

1904 there was an average of only 11 arrests per year for cocaine violations and all of those arrested were druggists. In all of these cities the records indicate that there were many more white opiate abusers sanctioned than Black cocaine abusers.

On the Federal level Congress passed a Food and Drug law in 1906 that did have a desirable effect on addictive ingredients in patent medicines (Adams, 1905; Young, 1961). In 1909, the U.S. government spearheaded an international conference designed to stamp out the opium traffic. Taylor's (1969) well-substantiated account of this effort notes the mix of political and humanitarian motives that shaped its course. Most notably, on the domestic front it led to the 1909 ban on smoking opium that did end **"official"** imports of this drug. It did not end opium smuggling which, by this time, had reached legendary proportions (Courtwright, 1982; Masters, 1896; Silver, 1979).

In one instance, the specter of African American cocaine abuse was used to exploit the legislative process. In garnering support for the Harrison bill, the first federal anti-drug measure, Southern legislators' fears were perhaps heightened by the testimony of the official prosecuting the aforementioned Philadelphia **"scare"**. In direct contrast to his experience in that city, he testified before Congress that **"Most** of the attacks upon white women of the South are the direct result of a **cocaine-crazed Negro brain"** (Musto, 1972).

In 1914 the Harrison Act was passed, a law **labelled** by one analyst, **"a classic piece of progressive legislation"** that struck

a compromise between reformers and businessmen (Courtwright, 1982, p. 106). As a revenue-generating measure it did not immediately curb the abuse of addictive substances and led to the years of confusion over the meaning and the implementation of the law and competition between government agencies. In effect it caused the arrests of drug-dispensing doctors as opposed to drug abusers (Courtwright, 1982; **Musto**, 1972).

The available data does not support the view that legal sanctions were applied to curb the use of cocaine in the African American community or anywhere else. In this era of increasingly accessible drugs and widespread drug abuse some African Americans did use cocaine (Baker, 1908; Courtwright, 1983). But no evidence can be found that Black Americans used any more cocaine than any other group in the nation.

What the evidence does confirm is that in an era of unprecedented economic development, intense intergroup competition and a need for renewed ideological underpinnings for racial oppression, America's drug legacy had created a perception of drug abuse and degeneracy among African Americans. This perception, in turn, played a role in the re-establishment of dominance over the African American community. Perhaps it is in the extra-legal responses - the lynchings, riots, convict lease system and other violence - that we should search for the consequences of this episode for African Americans. In an environment of unrestrained violence and repression there was no significant improvement in African America's socio-economic

status from the late 19th century to the beginning of World War I (Bennett, 1975; Davis, 1983; Franklin, 1980).

Heroin in "Harlem" (1947 - 1960)

Historians record the end of World War II as the beginning of the first **'real'** African American drug crisis (Brecher, 1972; Courtwright, 1982). Dating from what has been called the **"scourge** of the late forties", (Gillespie, 1979) heroin began to flow directly into African American communities in New York, Chicago and Los Angeles (Courtwright, Joseph, Des Jarlais, 1989; Johnson, Williams, Dei, and Sanabria, 1990). And consistent with the notion of a drug legacy, this episode too was accompanied by ideological and economic change (Kennedy, 1987; McCoy, 1972).

By one authoritative account, at the end of the war, the U.S. had the ability to effectively eliminate the American drug traffic (McCoy, 1972, 1991). Instead her new-found place as the world's greatest economic power took precedence over the drug problem. The threat of Communism overshadowed all else. Some analysts suggest that to maintain her economic eminence, the U.S. secretly forged alliances that altered international heroin trafficking routes and then chose to ignore the consequences (**Kruger**, 1980; Kwitney, 1987; McCoy, 1972).

There are several versions of the inception of these alliances. Either Lucky **Luciano's** war-time collaboration with the U.S. Navy (Kefauver, 1964; Xwitney, 1987; McCoy, **1972**), his financial contribution to Thomas E. Dewey's presidential campaign (Naylor, **1987**) **or** his discovery of Dewey's role in the perjured

testimony used against him (Joesten, 1955), acted as a catalyst to free him from prison and to be deported. Whatever the case, from the time **Luciano** reached his native land, heroin began to flow into the U.S. (Kefauver, 1964; Kruger, 1980; McCoy, 1972).

Additional alliances were formed in 1947 when the CIA enlisted the aid of **Corsican** mobsters in Marseilles and in 1949 when the government began its support of the Chinese Nationalist Army (Kruger, 1980; McCoy, 1972; Ranelagh, 1986). Cooperation between the Corsicans, Italians and the CIA formed the well-publicized "**French Connection**" and allowed heroin to flow freely from Turkey to Italy to France and finally to the U.S. until the early 60s (Kruger, 1980; Kwitney, 1987; McCoy, 1972). Since the Mafia controlled vice in these cities (Kefauver, 1964; Maas, 1969), by the mid-50s Claude Brown's assertion that "Heroin had just about taken over Harlem" (1965) was just as appropriate for the Harlems of Chicago and Los Angeles.

The domestic context for this episode included an African American community that was challenging the barriers circumscribing their lives. The African American slogan "Victory at home and **abroad**" (Bennett, 1965, p. 155) was translated into very concrete occupational gains (Allen & Farley, 1986; Bennett, 1965; Thurow, 1976) and larger voter rolls north and south (Franklin, 1980; Woodward, 1966), a combination that spelled the potential, if not the promise, of change.

But by 1950, after Presidential orders outlawed job discrimination (1948) and desegregated the armed forces (1949),

Black drug arrests outstripped white arrests (1.08 to 1). One year after 1954's **"critical shift"** (Allen & Farley, 1986, p. 278) in African America's legal status, the ratio of Black to white drug arrests was at its highest point to date (1.77 to 1). The racial make-up of the inmates in the 2 federal drug **"farms"**, in operation since 1935, had completely changed (Brecher, 1972; Courtwright et al., 1989). Between the influx of heroin in 1947 and the sit-ins and freedom rides in the early **60s**, African American drug arrests increased six-fold (Iiyama, Nishi et al., 1976).

Nationwide drug sanctions were the most punitive the U.S. ever enacted (**Musto**, 1972). Judicial discretion was removed and the death penalty was allowable for sales to anyone under 18 with the Boggs Act (1951) and the Narcotic Drug Control Act (**1956**), respectively (**Musto**, 1972). National estimates are that the police arrested 2 **1/2** times **as** many African Americans **as** whites (Brecher, **1972**; Helmer, 1975; Iiyama, Nishi & Johnson, 1976; Musto, 1972) - **partly** the result of a deployment of federal agents into African American neighborhoods (Brecher, 1972; Helmer, 1975; Holiday, 1956).

There is some confirmation that the media's portrayal of the phenomenon as an African American menace contributed to this legal reaction (Fixx, 1971; Helmer, 1975; Hughes, Barker, Crawford, Jaffe, 1971). One study argues that Chicago's newspapers created a milieu for increased penalties and enforcement (Hughes et al., **1971**), a climate that supported a 7

to 1 ratio of African American to white drug arrests in that city. It is notable too that in the contemporary ideological ferment, the media also reinforced allusions to the heroin traffic as a Communist plot (Musto, 1972; Fixx, 1971).

By the **late 50s**, studies note that fewer African American youth were initiating heroin use (Hughes et al., 1971; Johnson, Williams et al., 1990; Fixx, 1971). This may be interpreted as a result of the sanctions. An alternative view is that the beginnings of the Civil Rights movement combined with **community-**based rehabilitative efforts may have been a contributing factor. Malcolm X and the Black Muslims, for example, had their own unique brand of rehabilitative medicine - a mix of cold turkey, racial salvation, and a total immersion in a new way of life. There is no way of quantifying the success of this and other grassroot approaches, but their presence was felt in the community and may be reflected in this decline (Haley, 1964; Lincoln, 1961; Fixx, 1971). In this first episode, it was no longer possible to quantify the influx of narcotics since the traffic was forced underground by law. Consequently the relationship between sanctions and the amount of heroin available cannot be estimated with any accuracy. The arrest trend, however, does indicate heroin's continuing availability. The actual numbers of African -Americans sanctioned for drug abuse increased but were still relatively small. Figure 3 indicates that during this first encounter less than 1 in 1000 African Americans were arrested for drug violations. Figure 3 also

indicates that after a war-time increase, the **employment-** population ratio began to decline just as drug arrests began to increase. Examining the relationship between the sanctions and the economic inroads made by Black Americans, these data can only point to an association between the two. But the inexorable progression of drug trafficking and abuse in African America within a climate of confrontation had begun.

The **Drug Plague** (1965 to the present)

By the **mid-60s**, the U.S. **government's** involvement in international trafficking had reportedly gone "**far** beyond coincidental complicity@" (McCoy, 1972, p. 353). McCoy (1991) claims that by the early 60s the "**Golden Triangle**" was the "largest single source of opium anywhere in the world" (p. 66). The CIA's transportation of opium in support of the Chinese Nationalists and U.S.-backed Laotian and South Viet Nam leadership was reportedly responsible for heroin abuse among American soldiers in South East **Asia** and the explosion of drug addiction at home (Kwitney, 1987; McCoy, 1972; Terry, 1984).

The numbers of African American heroin abusers and drug arrests were no longer small and were increasing dramatically (Figure 3). Heroin became so widely available in the late 60s that what had been a neatly contained "**ghetto**" phenomenon spilled over into suburban areas drawing white, middle-class youth into its net (Brecher, 1972; Johnson, Williams et al., 1990; Musto, 1972). The identity issue took on more threatening and political overtones and the notion of "contagion" became a publicly

expressed fear (Brecher, 1972; Lewis, 1976). Newsweek Magazine declared in 1965:

**It's** no accident that the proliferation of addiction has coincided with the thrust of the civil rights movement and the newly articulated resentment of dark-skinned people at the menial jobs historically reserved for them.... The addict has lost his isolation. He is impinging on the middle class world that has never really felt him before. Suddenly he is contagious (Lewis, 1976, p. 28).

Meanwhile the tone and spirit of the Civil Rights Movement as well as the nation's response to it had begun to change. With Black Power and white resistance; massive social programs and urban violence; a military build-up and increasingly organized and visible anti-war protests, social tensions broadened and deepened the nation's conflicts.

The government's response to widening drug abuse and social conflict again raised the question of the intent of drug sanctions. The general thrust was to increase the breadth and scope of legal sanctions but not necessarily their severity. The constitutionality of federal **"no-knock"** laws and New York State's civil commitment strategy was at issue but in this milieu, they were implemented first and overturned later (Brecher, 1972; Epstein, 1977; Musto, 1972).

In 1968 Nixon was elected on a **"law and order"** platform. But in another well-documented study, this first **"War on Drugs"** reportedly manipulated drug statistics, the media and public fears to consolidate his executive powers for his own ends (Epstein, 1977). For one example, the decision to intercede in

opium-production in Turkey belied the reality that most opium came from the Golden Triangle (Epstein, 1977; McCoy, 1972). By some accounts, Nixon's political exploitation resulted in a more global and **intractible** narcotics problem (Epstein, 1977; Kruger, 1980; McCoy, 1972, 1991).

Despite the fear of 'contagion', there was also a new-found tolerance toward drug abuse that some were willing to attribute to the changing racial composition of the addict population (Brecher, 1972; Fixx, 1971; **Musto**, 1972). But with the inception of rehabilitative programs came methadone maintenance. A suspicious and protesting African American community considered it a politicians' drug (Lewis, 1976) but federal plans were implemented nonetheless. By the early 70s thousands were addicted to a new, government-sanctioned and problematic drug (Ausubel, 1983; Brecher, 1972; Epstein, 1977; Lewis, 1976; Musto, 1972).

At the same time, the number of African Americans initiating heroin use began declining (Boyle & Brunswick, 1980) and heroin abusers became a relatively stable population (Johnson, et al., 1990; Courtwright, et al., 1989). But the combined effect of an enormous increase in the availability of addictive substances and a changing economy was an ominous portend - especially with the increasing popularity of cocaine.

According to some analysts, the beginnings of the flood of cocaine coming to the U.S. can also be attributed to the clandestine activities of the federal government (Kruger, 1980;

Kwitny, 1987; McCoy, 1991; Mills, 1986). **Reminscent** of the China trade, they argue that by omission and coomission, the federal government facilitated cocaine's stunning transformation to a global problem firmly entrenched in international politics and the world economy (Cockburn, 1987; Kwitny, 1987; Mills, 1986; Naylor, 1987). The media charts the course of this epidemic and its effects so intensively that the entire nation appreciates the magnitude of cocaine's resurgence in American life.

What is not fully appreciated is the relationship between the nation's present economic status, its national interests and the importance of cocaine as a cash commodity. In specific terms, recent studies report the government's role in the transportation of refined drugs in exchange for arms in Nicaragua (Cockburn, 3987; McCoy, 1991). Equally ominous is the progression from secret alliances to the deliberate supression of information about its Iran-Contra trafficking - all in the "national interest" (Co&burn, 1987; Kwitny, 1987; **McCoy**, 1972, 1991).

One interpretation of this changing role is that America's status in the world economy has eroded and in this larger economic system, trafficking in illicit drugs is, once again, an inextricable part of world commerce. According to one recent report, "**much** is at stake as the powerful flow of narcodollars is recycled through the world's financial system" (Beaty and Hornik, 1989, p. 50). As in the China trade, U.S. government policy appears to support the business of drug trafficking. Corporate

America's involvement with drug monies is greater than ever and has created a **"booming"** money laundering industry, unexplained imbalances in the federal treasury system, international intrigue and even warfare (Christian Science Monitor, 1988; Cockburn, 1987; Kwitney, 1987; Mills, 1986; Naylor, 1990; Beaty & Hornik, 1989).

Yet government-sponsored **"drug wars"** overwhelmingly support criminal sanctions for abusers and minor peddlers. The belated allocation of federal funds to sanction American businesses involved in laundering drug funds has been called **"miniscule"** (Beaty & Hornik, 1989, p. 52). Again, America's will to stop the drug flow is in question.

Although it can be argued that African Americans have been living America's **drug legacy** since just after World War II, from 1965 to the present the experience has been both quantitatively and qualitatively different. Figure 3 reveals an alarming increase in drug arrests from less than 1 (**.563**) in a thousand in 1965 to more than 14.5 in 1989. In the face of statistics that claim that 80% of today's cocaine abusers are white, almost 1/2 million or 42% of those incarcerated for drug violations in 1989 were African Americans (United Methodist Church, 1990).

At the same time the employment ratio dropped more than 8 percentage points from 57.6% in 1965 to all-time lows in 1982 and '83 (49.4 and 49.5, respectively). Since then it has been climbing but in 1989 it has not yet reached the 1965 level (Figure 3). These percentage points actually represent the loss

of hundreds of thousands of jobs in the industrial sector - that segment of the economy where African Americans had made some inroads since World War II (Allen & Farley, 1986; Wilson, 1987). While it cannot be claimed that drugs are the cause of this economic trend, consistent with America's drug legacy, the arrest of drug offenders has had no effect on the prevalence of narcotics and cocaine. Most significantly there is quantitative support for the fact that since 1965 the increasing accessibility of illicit drugs and the growing inaccessibility of the job market has seriously affected the economic viability of the African American community (Figure 3).

What statistics cannot reveal is the qualitative change within the African American community. The economic gains made in the 60s proved transitory and selective. Class divisions were exacerbated by structural changes in the economy. By all objective measures, these changes begun in 1965, began to have an impact around 1970 (Allen & Farley, 1986; Thurow, 1976, 1980; Wilson, 1987). Crime and violence, deteriorating family and community life and pervasive joblessness were inextricably bound up with increasingly accessible drugs and a precipitous downward spiral toward crisis (Allen & Farley, 1986; Wilson, 1987).

Magnifying this crisis was another portentous factor: the apparent assimilation of America's drug legacy. Increasing numbers of African Americans began to mimic the values of the early China traders. Prior to this time major African American drug dealers were unknown. In the 20s and 30s whites and a few

Chinese had peddled drugs to Black Americans (Courtwright, 1982; Courtwright et al., 1989). A white musician claims to have introduced marijuana to Harlem (**Mezzrow & Wolfe**, 1946). In the 30s a few African Americans were wholesalers, but reportedly under the aegis of organized crime figures (Ianni, 1974). However, the late 50s and 60s produced independent dealers who took pride in being good businessmen despite its effects on their community (Barnes, 1985; Courtwright et al., 1989; Messick, 1979). By 1973 they too had begun to organize the traffic for maximum profit and security (Barnes, 1985; Messick, 1979; Ianni, 1974). This phenomenon has been attributed to the "**Black Revolution**" (Messick, 1979) but it is just as likely that the increasing inaccessibility of legitimate avenues for material success and the nether side of "integration" into American life and values contributed to the trend (Bourgois, 1989; Williams, 1989).

With the advent of crack in the **mid-80s**, a drug that was financially out-of-reach for much of African America was transformed into an accessible epidemic (Williams, 1989). Within the community drug trafficking proliferated and has become a significant, though undocumented, part of the economy of Black America - an economy that is increasingly separated from the main economy (Williams, 1989). The values supporting its place in the community's life also guide the entry of younger and younger **African** Americans into the business of cocaine and into abuse. Even more tragically, the priority of drug profits over human

life violently claims so many African American lives that it is reflected in the life expectancy rate of the entire community (Time, 12-26-88). For African Americans, the confluence of an unrestrained flood of illicit drugs, the increasingly tenuous role in the nation's economy and the internalization of America's drug legacy has brought the entire community to a critical juncture.

#### CONCLUSION

Based on this historical exploration, there have been some patterns and processes identified and, hopefully, avenues provided for further study. America's drug legacy not only exists but acts as a powerful and insidious, unseen hand propelling the course of African America's drug history. For African Americans as a community, this reality has implications for the present and future:

First, African American drug abuse and the devastating social problems that accompany it are not the result of a cultural or racial predilection for addiction. Nor is it simply a matter of the availability of drugs. Drugs in American life is an ideologically-driven, institutionalized and systemic phenomenon. The nation's problem resides in 1) the cultural system that shapes America's distorted perception of addictive substances and their abuse; 2) the social institutions that reinforce and are reinforced by these distortions; as well as 3) the individuals who are a part of this interdependent system.

Second, it follows then that this present episode is not a

transitory phenomenon easily ascribed to a particular generation or a specific drug. This inquiry points to a very strong association between economic and ideological change and the prevalence of addictive drugs in American society. For the African American community this association spells continuing conflict between its ongoing struggle for social, political and economic efficacy and the "**system**". Given the government's and the media's historic roles, for examples, Black America cannot expect the nation's institutions, as they are presently structured, to effectively address the problem.

Third and perhaps most important, because it is a systemic problem does **not** necessarily imply that African Americans are powerless to change it. Power and influence are not confined to institutions or to **society's** elites (Moscovici, 1976; Mugny, 1982; Ng, 1980). One simple but powerful theme that emerges from this exploration is that those groups and individuals who have been most exposed to addictive substances have had the greatest incidence of abuse (Courtwright, 1982). To this can be added that exposure to America's drug legacy also contains the seeds of **drugs'** destructiveness.

But for 100 years African Americans remained outside of this legacy and resistance to it may explain the relative abstinence from drug abuse in the 19th century as well as those 20th century years when initiation of drug use actually declined (1957-1963 and 1970-1974). What is critical is that in these years cultural cohesiveness was evident both in African America's efforts and

its effects (DuBois, 1935; Franklin, 1980; Harding, 1980, 1983).

Perhaps a partial answer to the drug problem rests in the reclamation of the power that created and sustained African America's own legacy - that "irreducible **miracle**" (Baldwin, 1985) that is the sum total of African America's history.

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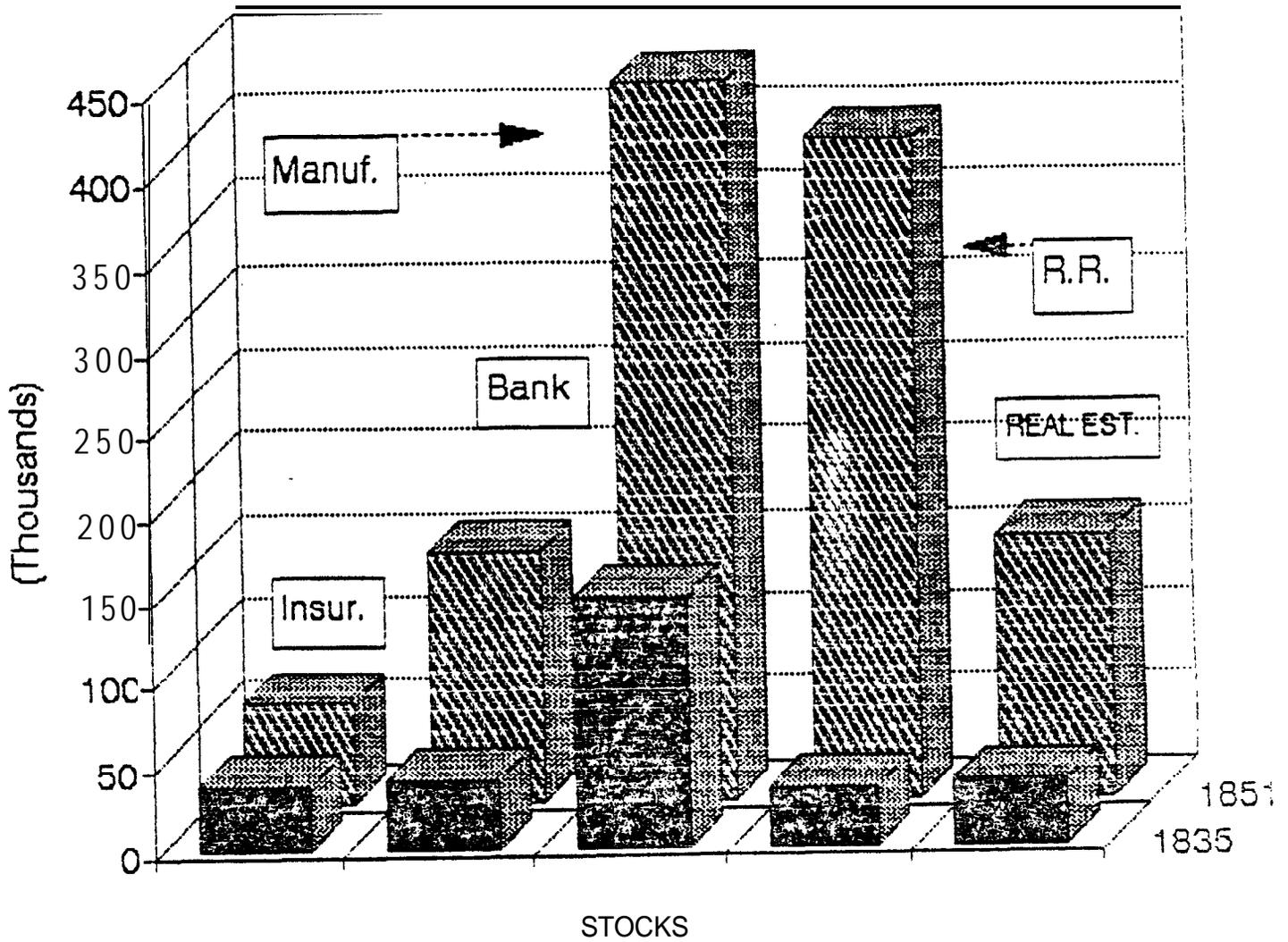


Figure 1. J.P. Cusning's stock: a prototype of the China traders' investments in U.S. development. From Larson, H. (1934). A China trader turns investor. *Harvard Business Review*, 119-132.

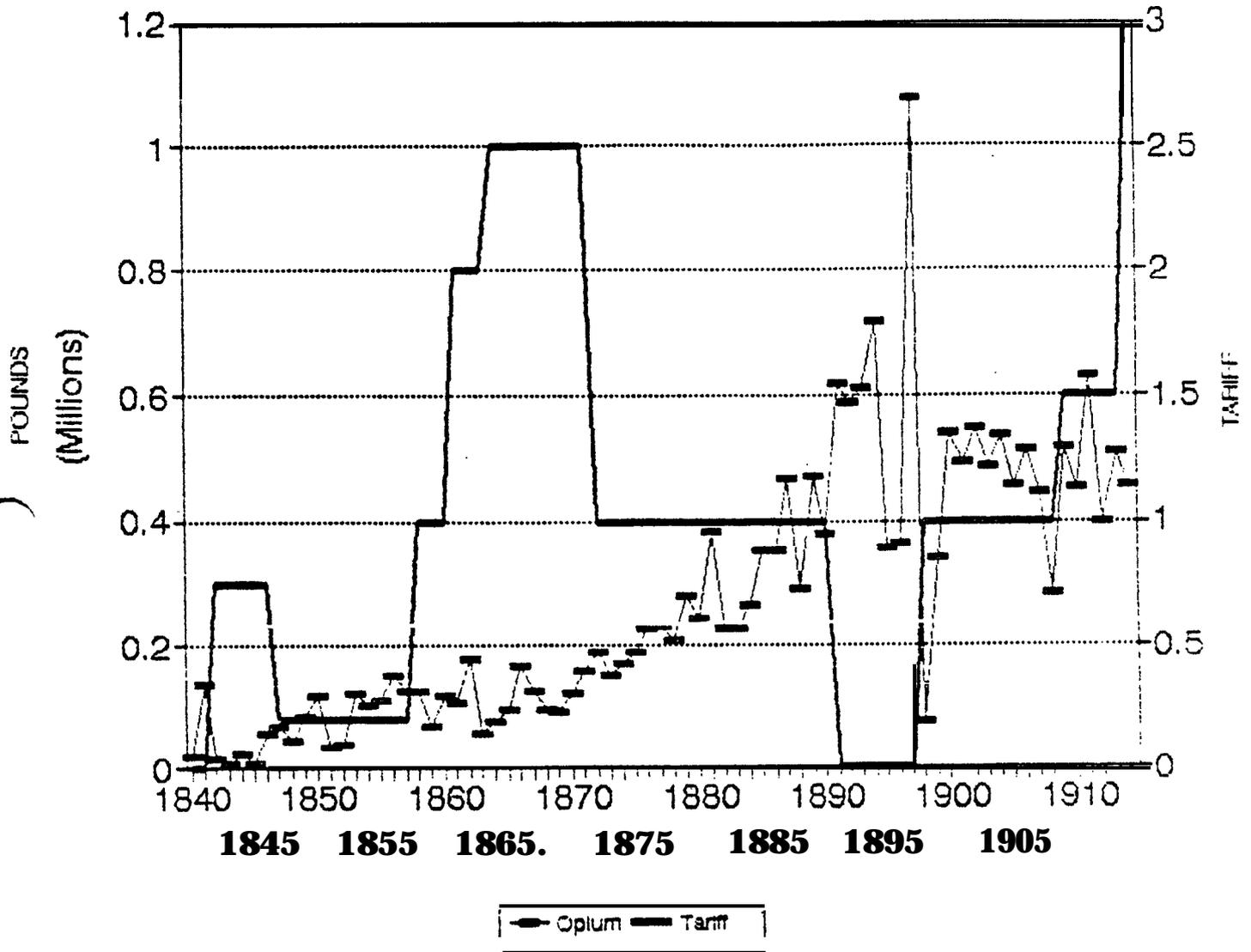


Figure 2a. Crude opium imports: the U.S. government's impact on the trade. From *Report of the International Opium Commission*, (1909). Reports of the Delegations. Shanghai: North China Daily News & Herald Ltd. and U.S. Dept. of Commerce, *Commerce and Navigation of the United States*, 1908-1914.

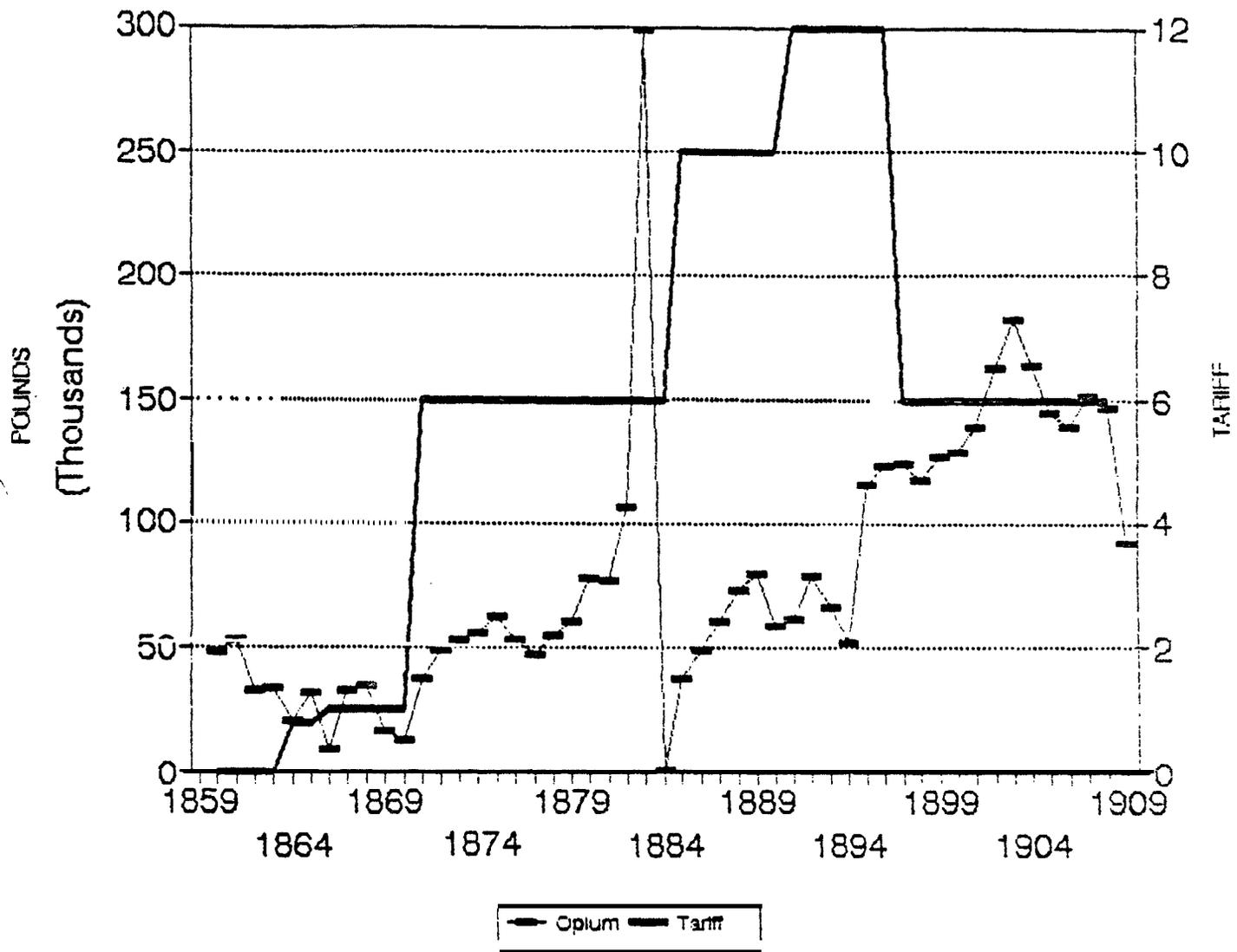


Figure 2b. Smoking opium imports. From the International Opium Commission cited in Figure 2a.



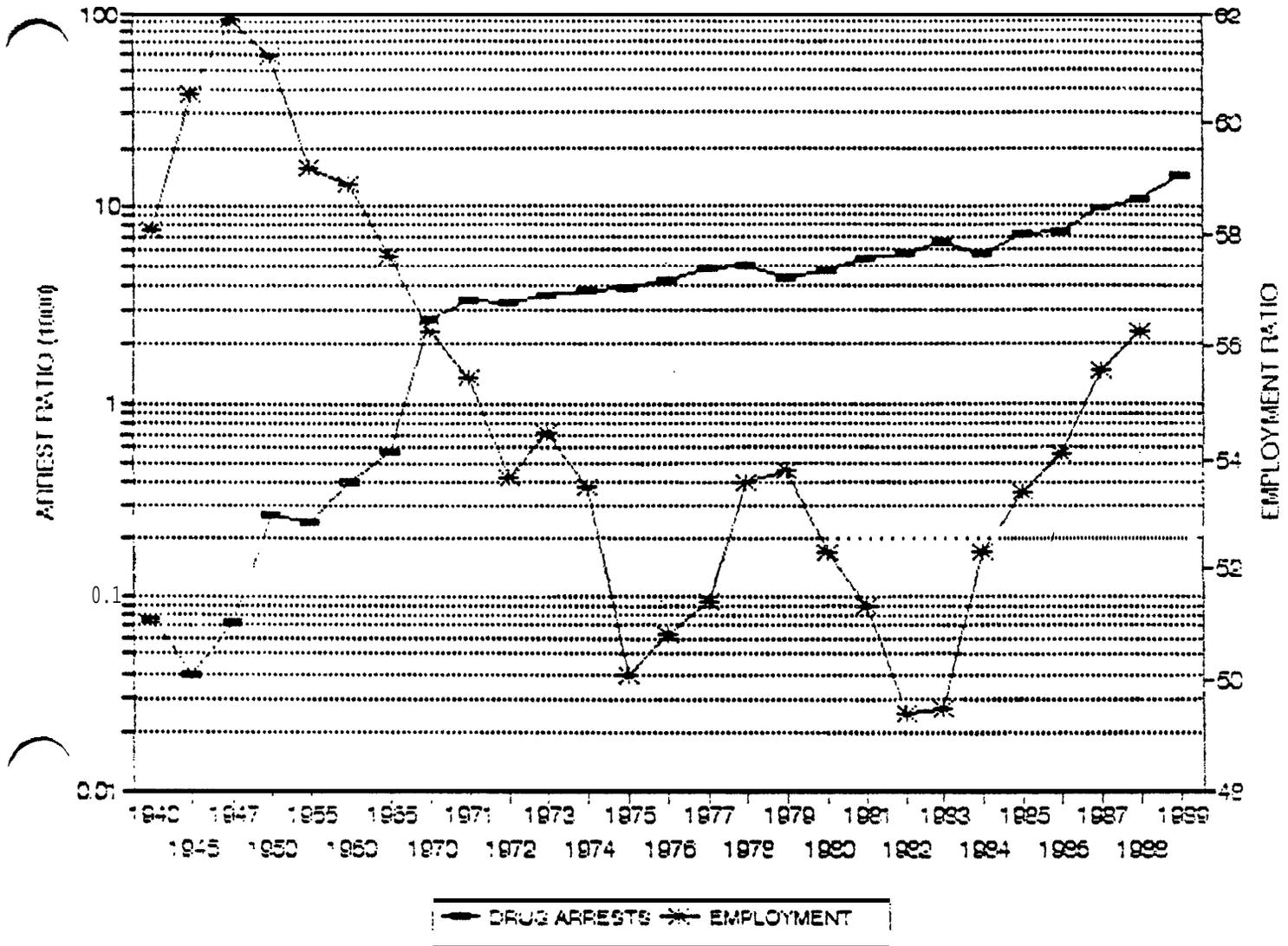


Figure 3. Drug arrests per 1000 African Americans compared to the ratio of those employed to the total noninstitutionalized African American population (employment-population ratio) from 1940-1989. Compiled from: Iiyama, Nishi et al. (1976). *Drug use and abuse among U.S. minorities: an annotated bibliography*. New York: Praeger Publishers; Uniform Crime Reports 1968-1989. Washington, D.C.: Government Printing Office; U.S. Department of Labor, Bureau of Labor Statistics. (August 1989). Bulletin #2340, *Handbook of Labor Statistics*; U.S. Bureau of the Census (1960), *Historical statistics of the U.S., colonial times to 1957 (and supplement to 1962)*. Washington, D.C.: Government Printing Office; U.S. Bureau of the Census, *Statistical abstracts of the U.S.: 1947-1990*. Washington, D.C.: Government Printing Office.

### CHAPTER 3

#### SUBSTANCE USE AND BLACK COLLEGE STUDENTS

Howard **Rebach**, Ph.D.

College students make up an important segment of American youth. For youth starting college, the transition to college constitutes a major life change event. Educational attainments have historically promoted upward social mobility, but life changes, even positive life changes that take place in the normal course of development, can be stressful. Students must find a way to adapt and cope with the change. But most students find themselves removed from the systems that have provided social supports as a resource for coping. Moreover, they must learn to adapt within a peer culture away from the normative constraints of their pre-college years. The stress of the transition, combined with peer pressure and lack of parental constraint may result in school failure and problem behaviors including drug and alcohol use. What is true, generally, for young people starting college is also true of Black youth.

However, as **Kleinman & Lukoff** (1978) suggest, the ethnic dimension may be a source of variability in patterns of substance use. Evidence strongly suggests that different use patterns exist across ethnic groups. Compared to whites, Black youth are significantly less likely to use alcohol, use it less frequently, and are less likely to be heavy alcohol users. But as **Watts & Wright** (1987) noted in their review, "**There** is an appalling scarcity of data on the drinking practices...of Black Americans. Reliable information based on empirical investigations is

unavailable or virtually **non-existent**." Similarly, Dawkins (1986) noted limited attention paid to Black youth and the **socio-cultural** factors shaping their drug and alcohol behavior. However, **Dawkins'** results indicated that the Black youth studied were at high risk for substance use and abuse.

The goal of this paper is to discuss substance use by Black college students. It is a discussion that must proceed in the virtual absence of empirical evidence. There is little research on substance use by college students and virtually none on Black collegians. I conducted an exhaustive search of the published literature through automated data bases and careful sifting of bibliographies of articles and journal indices such as Sociological Abstracts and Psychological Abstracts. The literature search, from 1980 to the present did not offer a single published article on substance use by Black college students. Therefore, I will examine the literature on pre-college Black youth and the few studies of college youth generally, and try to draw hypotheses from these sources that may give some indication of the present situation and provide ideas for research. Overall, the argument here proposes that substance use is one response to stressors, that going to college is a stressor, and that these stressors may be particularly acute for some Black college students.

This paper is divided into seven sections. The first section covers pre-college substance use. Then evidence regarding stress and substance use will be reviewed. The third

and fourth sections provide information on the relationship of pre-college substance use to use during college. The fifth and sixth sections discuss the need for research and some directions for research. The final section will discuss cross-cultural research generally.

### **PRE-COLLEGE SUBSTANCE USE**

Substance use by college students may be a continuation of pre-college use. In this section, research on high school students will be reviewed. The most extensive studies of adolescent substance use are the Monitorina the Future studies (Johnston, O'Malley, & Bachman, 1987, 1989) which sample 16,000 to 17,000 high school seniors every other year. These studies do not differentiate high school students by race or ethnic membership. The authors recognize that these studies underestimate substance use by excluding dropouts, but the problem is trivial if the focus is on college students who usually complete high school.

The senior survey provided data comparing students on the basis of college plans. Generally, those who planned to complete four years of college reported lower use rates compared to those who did not plan to complete four years of college. Table 1 shows use rates among high school seniors broken down by college plans. The data show lower use rates by those with plans to graduate college. Thus, use may be moderated by students' plans to attend and complete college and by factors that influence these plans.

One-cross sectional study of alcohol use differentiated high school students by ethnicity. Barnes & Welte (1986) reported alcohol use of high school students in the state of New York based on a sample of over 27,000 students grades 7-12. In this sample,

**TABLE 1:** PERCENT LIFETIME AND **30-DAY** PREVALENCE, HIGH SCHOOL CLASS OF 1987 & 1988 FOR ALCOHOL, MARIJUANA, AND COCAINE

COLLEGE PLANS	ALCOHOL				MARIJUANA				COCAINE			
	lifetime		<b>30-day</b>		lifetime		<b>30-day</b>		lifetime		<b>30-day</b>	
	'87	'88	'87	'88	'87	'88	'87	'88	'87	'88	'87	'88
Complete												
4 yrs	92.1	92.2	65.7	63.6	46.4	44.0	18.5	16.4	13.2	10.0	3.6	2.8
<b>None/LT</b>												
4 yrs	93.2	92.2	68.6	65.0	57.0	53.6	25.1	20.4	18.4	15.8	5.3	4.6

Source: Johnston, O'Malley, & Bachman, 1989

41% of the Black youth reported abstaining from alcohol use and another 20% were infrequent drinkers. Of the six ethnic groups studied, Black youth had the second highest abstention rate topped only by Orientals (55% abstainers and 14% infrequent drinkers). Black youth also had among the lowest rates of heavy drinking (5% with a range across 6 ethnic groups of 18% to 4%).

Lowman, et al. (1983) reported on a national probability sample of high school students which also differentiated by race and ethnicity. About 33% of Black students and 17% of white students drank alcohol less than once per year or never and another 17% of Blacks and 15% of whites drank less than once per month.

The evidence from these reports suggest an hypothesis: We can hypothesize that Black youth who anticipate a college **career** will be less likely to use drugs and alcohol. The hypothesis is based on the assumption that whatever social factors lead some adolescents to aspire to a college career and the rewards for an education that lie beyond college will deter them from substance abuse. Thus Humphrey and Friedman (1986), in their study of university students found that earlier behavior--prior to entering **university**--was the best predictor of later behavior. We can further hypothesize that between 30 and 40% of Black high school graduates will not use alcohol prior to entry into college. This hypothesis is based on abstinence rates found in studies of high school students.

#### STRESS **AND** SUBSTANCE USE

Long and Scherl (1984) wrote that social, familial and psychological factors contribute to an individual's risk of drug abuse. They noted that the likelihood of use is increased where "socioeconomic status is low, living space is crowded, delinquency and street life are prevalent, drugs are easily available and adolescent peers are already using drugs. The likelihood is increased if the adolescent is male and **Black.**" The addition of the **stressor** of the transition to college to the list of stressors faced by many Black youth may have an effect on the extent of substance use. In this section the relationship between stress and substance use is discussed.

The risk of deviant behavior in general, and progression

through stages of substance use are not uniformly distributed among young people (Jessor & Jessor, 1977). Some are at greater risk than others for developing substance abuse disorders. Many adolescents experiment with alcohol and other psychoactive drugs, especially marijuana (Johnston, O'Malley & Bachman, 1987). Adolescents characteristically challenge adult limits, value peer approval and strive to define themselves by choosing how to act (Johnson, 1986). Substance use may be one facet of this challenge.

Well designed studies have shown a variety of social and personal factors to be etiologically significant. **Newcomb**, Maddahian, and Bentler (1986) reviewed stressors implicated in initiation and maintenance of adolescent use. They were:

1. Parental drug use
2. Perceived adult use
3. Peer use
4. Poor grades in school
5. Poor relationships with parents
6. Low self-esteem, depression, and psychological distress
7. Unconventionality
8. Tolerance for deviance
9. Sensation seeking and desire for novel experiences
10. Low sense of social responsibility
11. Lack of religious commitment
12. Disruptive life events

### 13. Early alcohol use

Khantzian (1985) proposed the "**self** medication hypothesis" which asserted that psychological distress and pain predispose certain individuals to use and abuse drugs. Users seek the mood alterations provided by drugs and alcohol.

Though Khantzian worked within a psychodynamic framework, additional evidence comes from other quarters. Harlow, **Newcomb & Bentler** (1986) noted the turbulence of the adolescence-to-adult transition and its potential for depression, self-derogation, and meaninglessness. They supported a model that associated negative emotions with increased drug use. Other studies found similar effects (Yanish & Battle, 1985; Labouvie & McGee, 1986: **Newcomb, Maddahian & Bentler**, 1986; Kaplan, 1984; **Newcomb & Harlow**, 1986). Christiansen, Goldman, & Inn (1982) noted further that once the sought-after pharmacological effects occur, use "**...becomes** an operant response **that** necessarily precedes reinforcement.\*'

#### THE "CATCHING-UP" HYPOTHESIS

Going to college is a stressful life transition which may include leaving familiar surroundings and networks and establishing new networks, being freed of parental surveillance, and having to cope with the demands of college life. **Bachman, et al.** (1984) showed a moderate rise in overall alcohol consumption during the first few **post** high school years and smaller rises for other substances among all those surveyed. Patterns of change were linked to different roles and environments. Youth who lived with parents showed only slight changes in their pattern of

substance use from their senior year in high school. The highest post high school percentage gains in instances of heavy drinking, marijuana use, and use of other illicit drugs were among full time students. **Bachman** et al. explained this as "catching up," given that college bound high school students have shown lower drug use during high school. This "catching up" was strongly associated with the change in living arrangements. It may be associated with the stress of a transition period. The term "catching up," describes but does not explain the increase in use rates. Like any life change event, the transition to college life and attendant stress may explain the increased rates.

Additional evidence for the catching-up hypothesis was provided by Deykin, et al. (1987) who studied 424 college students (271 females and 153 males). They used the Diagnostic Interview Schedule to assess prevalence of major depression and substance abuse according to DSM III criteria. Ninety four percent of the students were white. They reported that 6.8% met the criteria for major depression, 8.2% for alcohol abuse, and 9.4% for substance abuse. Both alcohol and drug abuse were associated with the major depression diagnosis. Substance abuse (but not alcohol abuse) was associated with other psychiatric diagnoses as well. Deykin et al. also reported that the onset of depression preceded alcohol and drug abuse, suggesting support for the self-medication hypothesis among these collegians. The sequence of events suggests that some students may not have the personal and social resources for coping and may be at greater

risk for substance abuse than others.

Taken together these results are consistent with a hypothesis that the transition to college and the need to cope with college life increase the likelihood of drug and alcohol use. This increase in likelihood is enhanced with release from normative pressures such as parental surveillance.

#### COLLEGE STUDENTS, DRUGS, AND ALCOHOL

In this section what is known about college student alcohol and drug use patterns will be discussed. Looking at data for the general population of post high school young adults and college students shows a downturn in recent years for any use of illicit drugs with little difference between those who did and those who did not attend college. However, college students showed about half the rate of daily marijuana use as their non-college age-mates (2.1% vs 5.0%). This was similar to the differences between high school seniors who did and who did not have plans to finish college (Johnston, O'Malley, & Bachman, 1987, 203). But college students showed slightly higher annual prevalence rates and higher 30-day prevalence rates for alcohol use compared to their non-college age mates as well as a greater frequency of occasions of heavy drinking. However, college students had a slightly lower daily prevalence rate. This suggests a pattern of periodic drinking among college students. Table 2, below, compares college students 1-4 years beyond high school with high school seniors from 1986 and 1984, a time when about half of the college students were in high

**TABLE 2: PERCENT ANNUAL PREVALENCE, 30-DAY PREVALENCE, AND 30-DAY PREVALENCE OF DAILY USE OF MARIJUANA, COCAINE, HEROIN AND ALCOHOL: HIGH SCHOOL CLASSES OF 1984 & 1986, AND COLLEGE STUDENTS IN 1986**

	ANNUAL		30-DAY		30-DAY PREV. OF DAILY USE	
	HS '84	coll	HS '84	coll	HS '84	coll
<b>Marijuana</b>	40.0	40.9	25.2	22.3	5.0	2.1
Cocaine	11.6	17.1	5.8	7.0	0.2	0.1
Alcohol	86.0	91.5	67.2	79.7	4.8	<5.0*

\*Estimated from graph.

Source: Johnston, O'Malley, & Bachman, 1987

school. The table shows little difference in marijuana use but more use of cocaine and alcohol by the college students of 1986 than by the high school seniors of 1984. Again, the pattern suggests periodic use by college students. Also, keeping in mind that high school seniors with college plans showed less use than their classmates without such plans, the differences suggest support for the catching-up hypothesis.

Koch-Hattem and Denman (1987) obtained data on alcohol use from students at Texas Tech University (ethnic composition of the students was not reported). Half of these students indicated having increased their drinking since starting college. In a nationwide study of college students, Engs & Hanson (1984) showed differences across classes from freshmen (20.6% abstainers) to seniors (15.2% abstainers) for the entire sample (undifferentiated by race), and a decrease from first to fourth year in students' heavy drinking. Wilson and Taylor (1989) presented data across class years at an HBCU in the South. Compared to Engs & Hanson's data, Wilson & Taylor showed 29.7% of freshmen,

26.4% of sophomores, 23.9% of juniors, and 26.6% of **seniors** reported abstaining from alcohol. Note that the cross sectional nature of these studies leaves in doubt whether the differences across class year represents changes in behavior of students, the results of drop-outs, or some combination of the two. Still, the results also suggest at least some increases in alcohol use between high school and college, though we can hypothesize less increase among Black college students.

Some studies, usually cross sectional and based on retrospective self-reports, have shown that high school drinking patterns **are** the best predictors of the drinking patterns of college students. They conclude that the earlier college students started drinking, the greater the quantity and frequency of later alcohol use and the greater the frequency of alcohol related problems (Wechsler & McFadden, 1979; Wechsler & Rohman, 1981). To the extent that Black youth are significantly more likely to abstain from alcohol use, we might hypothesize that Black collegians also show lower rates of alcohol use and problems.

One nationwide survey (Engs and Hanson, 1984) sampled 6,115 students from 112 colleges of varying sizes nationwide. Results for the general population showed 81.9% drank alcohol at least once per year or more and 20.2% were considered heavy drinkers. But, compared to whites, Blacks showed a considerably higher rate of abstaining and lower rates of heavy drinking (abstention: Blacks **41.8%**, whites 14.6%; heavy drinking: Blacks **4.4%**, whites

22.3%). Engs and Hanson also presented comparative data from 1974. It showed minor changes when compared to the 1983 data for Black college students: the abstention rate increased slightly (about 5%) and the heavy drinking rate decreased slightly (about 1%) over this time period. In a later report, these same authors found problem drinking more prevalent among white students (Hanson & Engs, 1986).

Humphrey and Friedman (1986) studied a 10% random sample (N=1097) of students at two public universities in the South stratified to represent class year, race, and sex. The sample included 20% Black men, 17% Black women, 46% white men, and 17% white women. In the two universities surveyed, one was predominantly Black but authors did not disaggregate the data by school. Data was developed on frequency of intoxication when students started drinking and **frequency during** the month prior to the survey. Results showed white students significantly more prone to drunkenness both when they started drinking and at the time of the survey. During college, 75.5% of white and 60.8% of Black students indicated being drunk at least once per month. Not surprisingly, earlier drinking patterns were strong predictors of later patterns.

Connors et al. (1988) studied 96 collegians at a private university in the South comparing Black and white men and women on ratings of the usefulness of alcohol at varying dosages. Respondents actually consumed no alcohol. Data were also obtained for extent of alcohol use in the 90 days prior to the

survey. Black males reported the fewest--67%--of days abstinent, white females reported 81% of the previous 90 days as abstinent days. Black males also reported 29% of the 90 days as light drinking days. The other three groups reported 16 - 21% as light drinking days. Heavy drinking days accounted for only 3 - 5% of days. Connors et al. concluded that the four groups were comparable in their drinking.

Ratings of usefulness for feeling better (have more control over what's happening, be more sociable, get in a better mood, feel happy and uninhibited), usefulness for feeling in charge (increase courage, attract attention, increase effects of other drugs, be aggressive), and usefulness for relieving emotional distress (relieve depression, forget worries, escape stress) were obtained for **1 - 3** standard drinks (SDs), **4-6 SDs** and **7-10 SDs**.

Connors et al. found significant race x sex x volume interactions regarding attitudes towards alcohol's usefulness. At the lowest dose rate there were no significant differences. Black women rated alcohol's usefulness on all three factors higher than did white women and Black men for the 4-6 SD and 7-10 SD levels. White males also consistently rated alcohol more useful than did Black males or white females at the 4-6SD and **7-10SD** levels. These results, however, did not correlate with the students' reported drinking habits which were fairly homogeneous. We can cautiously conclude, given the small samples, that there may be different attitudes towards alcohol use, but it was not related to the students' behaviors.

Patterson and Ficklin (1990) surveyed 239 students, about 1/3 female, at an HBCU and found 48.5% were abstainers from alcohol, 19.7% said they only drank at parties and only 7% reported drinking more than three times per week. Of the drinkers, most, 89%, began drinking before coming to college. This finding is at odds with previously reported rates among Black youth and bears further investigation. Only 1.7% of Patterson & Ficklin's sample had ever been arrested for drunken driving. Ten percent reported using alcohol with other drugs. Only 29% reported that their parents knew they drank which suggests the existence of parental pressure for abstention. Importantly, 93% of the students were aware that alcohol and other drugs were physically harmful and over 3/4 said that drug use on campus was a problem.

Wilson and Taylor (1989) also conducted a survey at an HBCU. 10% of students (N=400) were randomly selected (about 2/3 female) with about equal numbers across class standings. Alcohol was the most frequently used substance--about 3/4 had used alcohol during the year prior to the survey. Forty percent reported drinking once or twice during the previous month. Annual prevalence of marijuana ranged from 24.5% (juniors) to 17.3% (seniors). Eighty-six percent reported not having used marijuana in the previous month and only 21.4% reported having used it on campus. Cocaine use ranged from 8.6% (juniors) to 3% (sophomores). Crack use ranged from 1.5% (sophomores and juniors) to 4.4% (seniors) and heroin use ranged from 0 to 2.8% across classes.

Generally, Wilson & Taylor found that juniors were highest on all substances reported, except cigarettes.

It was possible to compare Wilson & Taylor's data to the most recent available data on college students nationally. Table 3 presents this comparison. Though taken about one year apart, the differences are probably too large to be an artifact of when taken. The students at the HBCU may generally report less use of these substances than the general student population.

TABLE 3: PERCENT, ANNUAL PREVALENCE OF ALCOHOL, MARIJUANA, AND COCAINE: NATIONAL COLLEGE DATA COMPARED TO DATA OF WILSON & TAYLOR AT AN HBCU

	MARIJUANA	ALCOHOL	COCAINE
WILSON & TAYLOR'S HBCU DATA	21.0	73.5	5.8
NATIONAL DATA FROM JOHNSTON, ET AL.	37.0	90.9	13.7

The available research is scant and what there is focuses more on alcohol than on other drugs. In sum the research shows that college bound high school students have lower rates of drug and alcohol use: To some extent, drug and alcohol use during college may be predicted by use during high school but some college students may accelerate substance use during college years. What is not known is the academic fate of this latter group. Those who stay in college (as opposed to those who do not finish an academic program) show relatively low rates of use in patterns that suggest periodic rather than continuous use. Black students generally show relatively less alcohol use in high school which may continue to college.

## THE NEED FOR RESEARCH ON **BLACK** COLLEGE STUDENTS

Though college students have generally received less research attention than pre-college groups, the combination of social factors, early socialization experiences, previous history of substance use, role changes (becoming **a college** student), and specific stressors may combine **as** stimuli for acceleration of substance use. One particularly potent **stressor** deserves special mention: being born Black in a racially repressive society (Xleinman & Lukoff, 1978). **Khantzian's** view that "**individuals** use drugs adaptively to cope with overwhelming (adolescent) anxiety in anticipation of adult roles in the absence of adequate preparation, models, and **prospects**," if true at all, may be additionally applied to young Blacks. Ethnic stratification patterns combine to reduce their preparation and prospects and produce fewer role models of conventional success, especially for young Black males. Black freshmen may discover they were not provided with **a** pre-college education adequate for college work. They may also have had to contend with peer disapproval for academic achievement and may also be aware that doors to opportunities may be closed on them even if they succeed in college.

The factors identified above by **Newcomb**, Maddahian, and Bentler (1986) **are** more intensely experienced in many urban black communities from which students at **HBCUs** come. As risk factors for substance use, most are found with greater frequency among Black youth given the nature and consequences of ethnic

stratification in America. Linsky, Straus, and Colby (1985) conducted a study of stressful events, stressful conditions and alcohol use using archival data and states as the units of analysis. They constructed a State Stress Index (SSI) that included economic stressors (e.g. unemployment rates), family stressors (divorce rates, abortion rates, illegitimacy rates, rates of infant and fetal death), and other stress indicators (welfare rates, high school dropout rates, etc.). They found that the SSI was significantly correlated with various indicators of alcohol use and abuse (e.g. alcohol-related deaths, alcohol consumption rate, etc.). All the factors in the SSI as constructed by Linsky, Straus, and Colby are experienced by Black communities to a greater extent than other communities as the results of ethnic stratification.

Black college students are subject to the consequences of the life transition to college and have additional stresses to cope with. Education, especially college education has been a traditional route to social mobility in America and no less so for Black Americans. However, Black youth often experience severe negative sanctions from peers as they strive for academic achievement. Though students presumably opt to come to college with mobility goals in mind, they may have faced and continue to face unique pressures. As a group, they are probably less well prepared for college than their white counterparts, may have attended a disruptive high school, and may have had fewer models for academic success. In addition, many Black students are the

first generation in their families to attend college and have little anticipatory socialization for college life. Often, their high school experiences have not provided college orientation (Roebuck, 1990).

Recent data from an HBCU that was incorporated into a state system about 20 years ago, showed that SAT scores of entering freshmen were, on average, about 200 points below their counterparts at other, predominantly white campuses in the university system. Indeed, it may be their own awareness of and anxiety about this fact that contributed to some students' decision to attend a predominantly Black college rather than the larger, more prestigious, but predominantly white branches of the university. Roebuck (1990) has suggested that since school integration, there has been a **"brain drain"** from the **HBCUs**; many of the **"stronger"** Black students choose the more prestigious, and mostly white, colleges and universities.

One component of coming into a new setting is the potential for developing a new social network. In a host of studies, peer use of substances was found to be the best predictor of substance use by an individual. Most drug and alcohol use takes place in a group setting, especially in the initiation and experimentation stages (Sheppard, Wright & Goodstadt, 1985). In the diverse college environment students contact a variety of possible social influences and definitions regarding substance use. But their selection of friends is not a random process. Rather, young people soon become aware of who does what and choose with whom to

associate based on their own interests. Selective choosing may assist a student in "catching up " as some seek out others who are into drugs while others do not. Students move in and out of groups depending on their interests and inclination to participate in the activities of those groups (Britt & Campbell, 1977; Sheppard, Wright, & Goodstadt, 1985). Those who become committed to peer values of substance use may progress while those who remain committed to adult models and values may have internalized more conventional social controls (Johnson, 1986). More generally, lack of conventionality as such has been found associated with progression of substance use (Brook, et al., 1986). Rash (1978) found that sense of unconventionality highly correlated with being Black and with using marijuana among youth in New York.

Thus Black collegians may have more of the risk factors and may experience them more intensely than the majority of white college students. In addition, Black substance use may show different patterns of advancement through the stages. Above it was suggested that a substantial segment of Black entering freshmen may not be alcohol users. Studies among Black adults have shown, rather consistently, higher rates of abstention from alcohol among Blacks when compared to whites and higher rates of alcohol abuse among whites. (Bradstock, et al., 1988; Caetano, 1984; Herd, 1988; Hubbard, et al., 1986; Lex, 1987). Other studies (e.g. Kaplan, et al., 1986) showed that Blacks start later in marijuana use and use fewer of the illicit drugs. Thus,

it **is very** likely the **case** that substance use patterns among Blacks differ from those of whites and, within the Black population, that college students show a pattern that differs from the general Black population. This is, of course speculation in the absence **of** data. Research is needed to clarify these issues.

Research on Blacks--or any other ethnic group--is not the same as including a variable "**race**" as a contributor to the overall variance. But even in the sense of introducing race as a variable there is limited research. For example, Osgood, et al. (1988) specifically excluded Black students from their analysis of follow-up data collected as part of the Monitorina the Future study because this subsample was deemed unrepresentative. Selnow and Crano (1984) had a sample in which 4% of the male students were Black. **Newcomb, &** Harlow (1986) reported two studies of young adults that included 10% and 15% Black youth. Though they studied the impact of life events and variables related to stress on subsequent substance use, ethnicity was not a variable in the analysis. No attempt was made to study ethnic differences of these urban youth though the likelihood was strong that Black youth experienced many, more severe life events and perceived themselves as having less control and fewer opportunities than their white counterparts. Likewise Harlow, **Newcomb,** and **Bentler** studied post high school youth in the Los Angeles County area including the 15% of their sample that was Black. Their model also included self-derogation, purpose in life, and depression as

likely predictors of either suicidal ideation or substance abuse. Again, no mention of ethnicity appeared in their report. Others (Bachman, et al., Yamaguchi & Kandel, Labouvie & McGee, 1986) also did not include ethnic distinctions and often did not even mention or apparently entertain the idea that such distinctions exist.

Research on Black collegians is important and necessary. Black college students represent what **DuBois** called the "talented **tenth**" to be nurtured and valued. Though it has been said so often it is trite, these are the "leaders of **tomorrow**," the role models for conventional striving. These youth have chosen normative paths to achievement. We need to know more about them. Moreover, we need to know about them in their own right rather than in comparison to the white majority or other minority youth. Specifically, if it is the case that Black youth experience greater stress, and if it is the case that Black collegians use drugs and alcohol less than their white counterparts, we need to know why for both theoretical and practical reasons.

The issue, ultimately, is to know what it is about these youth that prompted them toward the normative path when substance use and abuse and other forms of deviance is so much a part of youth culture generally and often in their own communities. For Black youth, **Merton's** (1968) analysis is relevant: normative behavior is prompted by acceptance of societal goals and having access to normative means of achieving those goals. Deviant performance comes when goals are accepted but normative means are

blocked or when societal goals are rejected. In a discriminatory society, Black youth often do not have access to normative means or have reason to reject societal values. We need to study Black collegians to learn what armor enables them to resist the lure of deviant performance in general and substance abuse in particular. Thus research can serve to advance both our understanding of an important segment of American youth and advance our theoretical understanding generally.

#### **SOME SUGGESTIONS FOR RESEARCH**

I hope this survey has pointed out the lack of adequate information about Black college students and the need for adequate research. The most basic need seems to be the production of reliable data on the extent of use of various substances among Black college students. Thus, one element of the research agenda calls for well designed surveys to determine the extent of use. A likely hypothesis is that such research will show some use of alcohol and marijuana is widespread. As Kaplan, et al. (1986) pointed out, experimental or casual use is almost institutionalized in our society. Most youth, however, do not go on to regular or problematic use. Those who do represent the critical group that are the targets for prevention and treatment. Knowing more about the latter group is essential for intervention.

A second item is to study the effect of college entrance on changing use patterns. This calls for a longitudinal design starting with high school students and following them into

college. As noted above, the transition to college represents a potentially stressful passage that includes possible departure from normative influences, possible stressors, and entry into a new peer network. Such an approach can test the "catching up" hypothesis.

A third approach also suggests longitudinal research among collegians. This research would follow both students who successfully complete their college programs and those who do not. The purpose would be to determine the extent to which substance use and abuse may be responsible for dropping out and to try to discover those things that provide students with the ability to resist.

Another question of theoretical interest would be a comparison of black collegians who elect to attend predominantly white colleges and those who elect to attend **HBCUs**. Durkheim (1897) pointed out, long ago, that in any social system, the dominant majority sets the norms which also influence the behavior of the non-dominant groups. While it is not clear that norms at **HBCUs** are different from those at the large, predominantly white universities, we know that white substance use patterns differ from those of Blacks. Thus, it would advance theory to compare the two groups of Black collegians on a variety of measures as they relate to patterns of substance use.

Additionally, it is important to study Black collegians in their own right rather than in comparison with whites or other ethnic groups. It is likely that the within group variance is

greater than the between group variance. Rather than treat blacks, or any other group, as a homogenous mass, it is important to learn more about the within group variety and those things that account for this variety.

These research suggestions go beyond enhancing our knowledge base. Research along these and other lines have practical utility for guiding prevention programming and estimating needs for treatment programs. College administrators have a responsibility in these directions but the data to guide policy and programming is woefully inadequate.

#### CROSS CULTURAL RESEARCH

This report has focused on substance use by a tiny fraction of minorities in America--Black college students. The lack of research was noted at the outset and the need for research was discussed. The situation generalizes to all minorities in the United States. Blacks and other ethnic minorities make up a growing segment of the population, each with distinctive cultural characteristics. In this concluding section, the general issue of "**cross-cultural**" research will be addressed.

Research on ethnic minorities@ use and abuse of drugs and alcohol has not kept pace with the demographic changes taking place. Public policy and effective provision of services requires well designed--but presently unavailable--research. Epidemiological studies, studies that direct our attention to the etiology of drug and alcohol abuse, and studies leading to the development of effective prevention and treatment models are

needed.

The ethnic minorities involved are diverse. They include American Indians and Alaska Natives, Asians, and Hispanics as well as Blacks. The problem is further compounded by variation within each of these general categories. There are about 300 Indian tribes each culturally distinct. Asians can be from Viet Nam, Laos, or Cambodia, Japan, Korea, China or other distinctive Asian cultures. Hispanics can be Puerto Rican, Mexican American, or from any of the Caribbean or Latin American nations. This diversity of ethnic cultures within the larger U.S. society requires special attention in the substance use and abuse literature.

From a purely practical perspective, there is a need for prevention and treatment programs. It may be that "one model fits all," but that is highly unlikely given an array of cultural norms and values. Both prevention and treatment programs need to be tailored to their target audiences to be effective. The process calls for development of an understanding of groups that are culturally different from that of the mainstream U.S. culture.

The typical approach to research on substance use among American minority groups has been to treat use among the white Anglo majority as a baseline. Studies compare drug and alcohol use among minority groups with that of the majority. In studies that go beyond extent of use, variables and measures that apply to majority persons are also used with minority persons. This

approach raises several issues. It is important to note that comparative research has been and will continue to be a useful research strategy. It is not comparative research that is the problem. In the drug and alcohol field, however, it may be premature and may be based on questionable assumptions. A brief analysis of a few of these assumptions follows.

One issue is raised by comparing ethnic minorities to the white majority. This approach assigns to both **"culture"** and to **"minority"** the status of a single variable. This is evident in a study that compares, for example, Hispanic youth and Anglo youth, Ethnic membership in such a study is entered as a dichotomous variable, perhaps as an explanatory variable. This borders on an ecological fallacy. **"Culture"** or **"ethnicity"** is an epiphenomenon, not a phenomenon. It is not a variable as such. It is--or should be--a sensitizing concept that stands for the shared ways that individual members of a culture structure reality. Different cultural groups have different norms, values, expectations, ways of structuring role relationships, ways of interacting, ways of socializing their children, and so on. All actions are an expression of culture.

Similarly, "minority status" is also an epiphenomenon. It stands for access to the opportunity structure and often stands for poverty, exclusion, discrimination, racism, and oppression. It also often stands for conflict between one's own norms, values, and practices and those of the majority population. In interaction with majority members, individuals may feel

personally devalued and their ways devalued. Anomie, retreat, or hostility may result. The things that minority status stands for are a source of stress that persons must somehow cope with.

Consider, for example, the problem of immigrant parents trying to raise children according to the parents' expectations while the children are interacting with and perhaps being influenced to the ways of majority youth. Intra-family conflict can result, creating stress where harmony, obedience, and mutual support are expected.

In sum, then, the research should go beyond consideration of **"ethnicity"** as a simple variable. The second issue is closely related to the first: Treating ethnic minority status as a simple variable in comparison with majority members loses sight of within-group diversity. For example, there is likely to be great diversity in substance use patterns among Black Americans. *For* Blacks and other groups--including whites--it is important to focus on explanation of within-group variance. We need to know why some abstain from drug and alcohol use, some use occasionally and/or in moderation, some use for a while then stop, and some go on to addiction or problematic use. We also need to know the various factors influencing the selection of drugs of choice and whether and how the choices differ across groups. Careful analysis of within-group variance in use patterns may answer these questions within the various groups and lead to more culturally sensitive and effective programming.

There are also methodological issues to be addressed. One problem for this research has been sampling. Adequate, representative minority samples are often difficult to find. Convenience samples are too frequently used. Studies that compare ethnic groups often do not try to establish the comparability of the ethnic samples included. Often simple membership in an ethnic group, indexed by self-report, is the criterion. Sue (1987) pointed out that studies of Asians "often involve unrepresentative samples" and issues such as place of birth, generational status (whether U.S. born or first, second, or later generation U.S. born) and degree of acculturation are often ignored.

Furthermore, much of the present drug and alcohol research is based on the assumption that data gathering techniques and instruments applicable to majority members are equally appropriate for members of ethnic minorities. This may, in fact, be the case, but the issue cries out for research to determine the validity of such an assumption. More likely, new techniques and measures will be required.

For example, a great deal of research relies on survey methods using self report measures. Respondents are asked to indicate what substances they use and extent of use. Often respondents are also asked about actions of others such as family members. Other items may ask for details of family life, leisure activities, child-rearing practices, religious practices, etc. Certainly surveys have become an accepted part of the majority

culture. Majority respondents usually accept assurances of anonymity and may value the investigator's scientific purpose. But there is no assurance that minority members see the survey in the same light. They may view the investigator with suspicion. They may be motivated by cultural beliefs about protecting their own and their family's privacy, sanctity, and/or honor. They may also be motivated to protect the perception of their group, to cast their group in a positive way in the eyes of the majority population. The testing situation itself may have different meanings to members of an ethnic minority and elicit a different response. For example, a friend and colleague who is a member of a minority group was part of the Monitorina the Future sample when he was in high school. He reported to me that he and his friends all lied on their questionnaires indicating considerably lower drug and alcohol use than was actually the case. This anecdote is not offered to invalidate that survey. Nor is it my intention to invalidate survey methods. But the issue of the appropriateness of survey methods applied unquestioningly across all ethnic minorities needs to be studied.

The same is true of variables and measures. Concepts such as self-esteem, family solidarity, peer influence, religiosity, level of aspiration, and academic achievement, to name a few, may have different (or no) meanings when applied cross culturally. In addition, members of ethnically diverse groups may have different priorities that makes the ordering of variables critical. Investigators have generally assumed that variables

that are important in explaining drug and alcohol use among majority persons transfer directly to minority persons. The problem is compounded when the same measurement instrument (or a translation) is applied cross-culturally. Its applicability and validity is often assumed rather than tested. The problem is magnified when an instrument is applied on a group other than the **norming** group for that instrument. The research should concentrate on study of the various groups to discover what are the relevant variables and how to measure them.

Several suggestions emerge from this brief review. As mentioned above, ethnic groups need to be studied as a group. To begin, it may be useful to stop using broad categories such as "**Hispanic**," "**Native American**," "**Asian**," etc., but to recognize the broad spectrum of cultures covered by the various labels we use. Within-group norms, values and practices need to be determined. Behavioral and cognitive description of other cultural groups should be done without imposing one's own ethnocentric perspective. Functional analyses should be used more often to determine the function served by various cultural items within the culture. In particular, it is important to determine the functions served by drug and alcohol use. Greater use of contextual analysis will also help place drug and alcohol use in perspective: who drinks or uses what kind of drugs, when and in what settings. **Sue's** analysis (1987) is an example:

. ..the difference in value structures  
. ..accounts for differences in drinking  
styles.... [**T**he emphasis by Americans on the  
self, on independence and on assertiveness

contributes to increased alcohol use in Western cultures, because alcohol enhances these qualities. The Chinese...are more situation and other-people centered. Responsibility to others and prescribed behaviors in social situations make alcohol an unlikely drug for abuse by the Chinese. . . .[T]he Chinese will choose opiates over alcohol, inasmuch as the influence of opiates allows an individual to remain harmonious with the environment.

Sue goes on to argue that alcohol also "increases aggressiveness, while opiates enhance the peaceful traits valued by the Chinese." The Chinese also value intellectual control and condemn drinking alone and intoxication, especially the noisy aggressiveness often associated with alcohol excess.

This analysis shows the interaction between cultural elements and substance use. There is a need for a great deal of this type of research. There is also a need for appropriate conceptual tools. As a start, greater use of ethnographic and other qualitative methods may help provide greater understanding of the cultures and the role of substance use within the culture. Moreover, these approaches may help identify the important variables and concepts are be a source for hypotheses about relationships among these variables that can lead to more rigorous testing and development of public policy and programs.

There is also a need for appropriate methods, procedures, and assessment tools for the study of ethnic minorities. All of these suggestions mean careful attention to the development of concepts and methods for conducting research among ethnic minorities as well as careful examination of the assumptions

underlying the approaches used.

To conclude, then, research on ethnic minorities is needed. Not just more of the conventional research. What is needed is research to understand populations culturally different from mainstream America in terms of their values, beliefs, and lifestyle practices.

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## CHAPTER 4

### PREVALENCE AND CORRELATES OF ALCOHOL AND OTHER DRUG USE AMONG YOUNG HOMELESS AFRICAN AMERICAN ADULTS Norweeta Milburn, Ph.D.

Homelessness is often attributed to alcohol and other drug abuse. The levels of alcohol and drug use among homeless adults are usually perceived to be higher than those of comparable adults in the general population (Milburn, 1990; Milburn, Booth, & Miles, in press).

This paper examines alcohol and other drug use among young homeless African American adults, age 18 to 25, in shelters to explore whether the assumption that alcohol and other drug use is more prevalent among homeless adults than their non-homeless counterparts is valid for this subgroup of the homeless population. The lifetime, annual and current prevalence of alcohol and other drug use among these young adults will be compared to prevalence estimates for non-homeless young African American adults from the general adult population. In addition, demographic and homeless state correlates of their alcohol and other drug use will be determined to identify young homeless African American adults who are likely to use alcohol and other drugs.

There is some congruence in the prevalence and patterns of alcohol and other drug use among homeless and non-homeless people. Table 1 provides an overview of the prevalence estimates for alcohol and other drug use for the general young African American adult population, those age 18 to 25 years, from the

1988 Household **Survey**. Seventy-nine (79) percent of these young adults have used alcohol and 47 percent have used other drugs in their lifetimes. Marijuana and cocaine are the other drugs that have been used the most often among young non-homeless African American adults. Alcohol use exceeds other drug use.

Overall, the prevalence estimates for alcohol and other drug use vary widely across studies that have been done on homeless **people**, in part, because of methodological differences (See Milburn, 1990 for a review of these studies). Despite this variability, some cautious generalizations about the prevalence of alcohol and other drug use among homeless people can be made. The prevalence estimates for alcohol use, including lifetime, annual, current and daily use, range from 2 to 86 percent (Fischer, 1989). The prevalence estimates for lifetime other drug use range from 3 to 71 percent. Prevalence estimates for annual other drug use range from **31** to 55 percent. The estimates for current other drug use range from 10 to 31 percent. For daily other drug use, the range is 3 to 11 percent. Drugs that have been cited as being used the most often in studies of homeless people are also marijuana and cocaine (Milburn, 1990).

Findings from previous research suggest that the prevalence estimates for alcohol and other drug use will vary among young African American homeless adults as a function of demographic characteristics. The demographic characteristics that will be correlated with alcohol use are gender, marital status, income, and education. Those that will be correlated with other drug use

are gender and income.

Most studies with data on alcohol and other drug use among homeless people do not report on the characteristics of homeless drug users. Those that do suggest that homeless people who are male, have some income, and are under age 40 will be more likely than their counterparts to use other drugs (Division of Substance Abuse Services, 1983; Ladner, et al., 1986; Mulkern & Spence, 1984; Roth, et al., 1985; Rosnow, et al., 1985), and those who are male, over age 40, and have never married or are formerly married will be more likely than their counterparts to use alcohol (Roth, et al., 1985).

These findings are consistent with other studies of drug use patterns. For example, men and women have been found to differ in their drug use patterns; with women more likely than men to use tranquilizers (Bell, et al., 1984). However, men are more likely than women to abuse all other classes of drugs including alcohol (Cahalan, 1970; Cahalan, et al., 1969).

Studies (e.g., Cahalan, et al., 1969) have shown for alcohol use, among men, the least amount of heavy drinking occurs among those with low incomes. While among women, income does not seem to have a similar relationship to heavy drinking. Heavy drinking seems to increase with income except among women. The findings on income and its relationship to other drug abuse have been inconclusive. Some research has suggested that drug abuse occurs more often in low-income segments of the population (Braucht, et al., 1973) but recent findings indicate that drug abuse, even

within impoverished populations, is more likely to occur among those with more income (Lukoff, 1980).

Data from a national probability-based survey of American Drinking patterns by Cahalan and his colleagues (1969) provide some information on alcohol abuse and other demographic characteristics. Looking at marital status, the highest percentage of heavy drinkers for men and women are found among those who are single and those who are divorced/separated. With regard to educational attainment, among men the greatest percentage of heavy drinkers was found among those who had completed high school. Among women, the greatest percentage of heavy drinkers was found among those who had completed some **college**. The relationship of other demographic characteristics such as marital status and educational attainment to other drug use has not been explored in the literature and remains to be determined.

Findings from previous research also suggest that the prevalence estimates for alcohol and other drug use among young homeless African American adults will vary as a function of homeless state characteristics. Duration of homelessness, previous psychiatric hospitalization, and psychological problems, such as psychotic and depressive symptoms, will be correlated with alcohol use. Previous psychiatric hospitalization will be correlated with other drug use.

Categories of homelessness derived from the characteristics of the nature of individuals! homeless experiences have only

recently been considered in the research literature. Some researchers have developed definitions of homelessness that include variables such as the duration of an individual's homeless state (Arce, et al., 1983; Hoffman, et al., 1982; Rooney, 1980). Duration has been found to be related to the prevalence of alcohol abuse but not the abuse of other drugs (Hoffman, et al., 1982; Roth & Bean, 1985).

There is evidence which suggests that other drug use may be linked to homeless state characteristics such as psychiatric status and previous hospitalization (Lipton, Sabatini & Katz, 1983). For example, Farr and his colleagues (1986) found homeless drug users had symptoms of other mental disorders. In other studies, alcohol and other drug use have been found to be a secondary psychiatric diagnosis among homeless people who suffer from mental disorders. Arce and his colleagues (1983) found 18 percent of their sample had a secondary diagnosis of alcohol and other drug abuse. Roth and Bean (1985) observed problem-drinkers were more likely than other homeless individuals to have been hospitalized for psychiatric and emotional problems at least once.

The following research questions will be addressed:

1. Are alcohol and other drug use more prevalent among young homeless African American adults than their counterparts in the general non-homeless adult population?
2. Does alcohol and other drug use among young African American adults vary as a function of demographic and homeless state characteristics -- specifically, do these characteristics predict alcohol and other drug use? In addition, will men have used alcohol and other

drugs more than women? Will individuals with higher incomes have used alcohol and other drugs more than individuals with lower incomes? Will individuals who never married have used alcohol more than individuals who are married or formerly married? Will individuals who have completed high school have used alcohol more than individuals who have not completed high school? Will individuals who have been previously hospitalized have used alcohol and other drugs more than individuals who have not been? Will individuals who are chronically homeless have used alcohol and other drugs more than individuals who are intermittently or newly homeless? Will individuals who are depressed or psychotic have used alcohol more than individuals who are not depressed or psychotic?

## METHODS

### The Sample

The findings that will be described are based upon the 68 African American respondents, who were age 18 to 25 years, from a random, stratified probability-based sample of 414 homeless people, 261 men and 153 women, who used shelters in Washington, DC. Males comprised about 44 percent of this group. Thirty-one (31%) percent of these adults had completed at least 12 years of schooling, and some (15%) had attended college. The majority of these respondents were not currently married; 84 percent had never married. Sixty-three (63) percent of these adults had annual incomes of less than \$7,000 per year.

The respondents were interviewed with a structured interview face-to-face by trained interviewers at shelter sites throughout the city. All of the instrument items were pretested with homeless people who were shelter users to insure that they were understandable and appropriate for a face-to-face interview.

## Measures

Alcohol and Other Drug Use: Alcohol use was ascertained by items from the Household Survey developed by Miller and her colleagues (1983). Other drug use was tapped by items from the "Monitoring the **Future**" survey developed by Johnston and his colleagues (1979).

These items assessed the lifetime, annual and current prevalence of drug use across the main classes of drugs. The drug categories surveyed included alcohol, marijuana, LSD, PCP, crack cocaine, psychedelics, heroin, other narcotics, inhalants, psychotherapeutic drugs, and designer drugs.

To determine the lifetime use of each substance, respondents were asked to indicate how many different days they had used it in their lifetimes; for annual use, how often in the past 12 months; and for current use, how often during the past 30 days or month. The response categories for each time period ranged from "**0 times**" to "**40 or more times**". However, for this paper, use was defined as using the substance at least once during the specified time period. Prevalence estimates for any illicit drug use were combinations that included the use of any of the illicit drugs.

Demographic Characteristics: A number of demographic characteristics were assessed.. Specific items ascertained the gender, educational level, personal income, and marital status of respondents. Gender was a dichotomous variable. Personal income was ascertained for the year preceding the study, 1987. Four

income categories were used: less than \$3,000, \$3,000-\$6,999, \$7,000-\$11,999, and \$12,000 or more. Education was categorized into two levels: 0 to 11 years (less than high school), 12 or more years (high school graduate). Two categories were used for marital status: married or formerly married and never married.

Homeless State Characteristics: Items referring to homeless state characteristics assessed psychological problems which included psychotic and depressive symptomatology, history of psychiatric hospitalization and duration of homelessness.

Depressive symptoms were measured using the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977). The CES-D was a **20-item** scale which assessed the recent occurrence of depressive symptoms. The scale included items that tapped depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, loss of appetite, psychomotor retardation and sleep disturbance. Respondents were asked to indicate how often they had experienced such states in the past week. Responses for each item ranged from "0", rarely or never, to "3", most of the time. The final CES-D score was derived for each respondent by summing across the 20 items. A score of 16 or greater is generally considered to be indicative of a depressed state. This sample was classified as depressed or non-depressed based on this criterion.

Scores in this sample ranged from 0 to 50, with a mean of 24.0 (sd = 10.9). The scale demonstrated good internal consistency and split-half reliability, yielding a **.84** Cronbach

alpha coefficient and a Spearman-Brown correlation equal to .81.

The mean inter-item correlation was .21.

Psychotic symptoms were measured by the **Suspicion-Persecution-Hallucination Scale** of the Psychiatric Status Schedule (PSS) (Spitzer, Heins, Burdock, et al., 1968). This 18 item **subscale** of the PSS **was** used to assess whether respondents had any history of psychotic symptoms relating to suspicion, hallucinations and/or persecution. The items were presented in a yes-no format and the scale score was obtained by summing across all 18 items. The possible range was 0 to 18, with higher scale scores indicative of a higher level of psychotic symptoms. A cut-off of 3.72 (raw SPH score) is generally considered to be an indicant of psychological problems at the moderate or greater level of clinical severity. Respondents were classified as psychotic or non-psychotic based upon this criterion.

Scores in this sample ranged from 0 to 18, with a mean of 1.44 (sd = 3.4). The scale demonstrated **good** internal consistency and split-half reliability, yielding a Cronbach alpha of .8 and a Spearman-Brown correlation equal to .69. The mean inter-item correlation was .2.

Previous psychiatric hospitalization was ascertained by asking respondents whether they had ever spent time in a hospital for a mental problem or a problem with their nerves.

The duration of homelessness was derived from the **recency** or length of the current episode of homelessness and the number of homeless episodes since the first onset of homelessness. (A

detailed description of the items that were used to construct these variables can be found in Milburn, et al., in press). Duration classified respondents into three groups: newly homeless, intermittently homeless and chronically homeless. Respondents who were newly homeless had become homeless within the last 6 months and were homeless for the first time. Respondents designated as intermittently homeless had experienced more than one episode of homelessness; **recency** among this group varied from within the last 6 months to over 2 years. Those who were chronically homeless had endured only one period of homelessness ever, and this period had begun in the past 7 months to more than 2 years ago.

#### DATA ANALYSIS

The prevalence estimates that are reported here are the percent of respondents who had used alcohol and other drugs one or more times during the specified period. Frequencies, **chi-square** analysis and multiple classification analysis were used to examine the data.

#### RESULTS

Comparison of Alcohol and Other Drug Use Among Homeless and **Non-Homeless** Young African American Adults:

As can be seen in Table 1, 77 percent of this sample of young homeless African American adults reported that they had used alcohol in their lifetimes: 67 percent had used alcohol within the past year and 50 percent were currently using alcohol. Their lifetime, annual and current estimates for alcohol use did not differ significantly from those of young non-homeless African

American adults in the general population.

Seventy-three (73) percent of this sample reported they had used other drugs in their lifetimes; 49 percent had used other drugs within the past year; and 35 percent were currently using other drugs. As expected, marijuana (27%), and cocaine (19%) were the illicit drugs that were reported most frequently as being used currently.

These figures are significantly higher than those for young African American adults in the general adult population. Young homeless African American adults have a lifetime estimate for other drug use that is one and a half times higher than the figure for young non-homeless African American adults in the general adult population ( $\chi^2 = 18.29$ ,  $df = 1$ ,  $p < .001$ ). Their estimates for annual and current use are nearly two times higher than the annual and current estimates for young non-homeless African American adults ( $\chi^2 = 17.87$ ,  $df = 1$ ,  $p < .001$  and  $\chi^2 = 15.23$ ,  $df = 1$ ,  $p < .001$ , respectively).

Comparing the **prevalence estimates** for specific illicit drugs among young homeless and non-homeless African American adults, also revealed a number of differences. For marijuana, homeless adults were more likely than non-homeless adults to have used it in their lifetimes ( $\chi^2 = 10.02$ ,  $df = 1$ ,  $p < .01$ ), within the past year ( $\chi^2 = 8.17$ ,  $df = 1$ ,  $p < .01$ ), and currently ( $\chi^2 = 7.5$ ,  $df = 1$ ,  $p < .01$ ).

Looking at the non-medical use of psychotherapeutic drugs, homeless adults were more **likely** than non-homeless adults to have

used them in their lifetimes ( $\chi^2 = 5.4$ ,  $df = 1$ ,  $p < .05$ ). The differences in annual and current use were not significant.

Differences in cocaine use were significant for lifetime, annual and current use. Young homeless adults were more likely than their non-homeless counterparts to have used cocaine in their lifetimes ( $\chi^2 = 52.97$ ,  $df = 1$ ,  $p < .001$ ), during the past year ( $\chi^2 = 56.61$ ,  $df = 1$ ,  $p < .001$ ), and currently ( $\chi^2 = 35.71$ ,  $df = 1$ ,  $p < .001$ ).

**Demographics, Homeless State Characteristics and Alcohol and Other Drug Use:**

The set of demographic and homeless state characteristics -- which included gender, educational level, personal income, marital status, psychotic symptoms, depressive symptoms, history of previous psychiatric hospitalization and duration of homelessness -- did not significantly predict to lifetime alcohol use among these young homeless African American adults: but, did significantly predict their annual and current alcohol use ( $MR^2 = .28$ ,  $F = 2.01$ ,  $p < .05$  and  $MR^2 = .28$ ,  $F = 1.97$ ,  $p < .05$ , respectively).

As expected, gender was significantly related to their lifetime ( $\eta = .28$ ,  $\beta = .30$ ,  $p < .05$ ), annual ( $\eta = .42$ ,  $\beta = .48$ ,  $p < .01$ ) and current ( $\eta = .36$ ,  $\beta = .39$ ,  $p < .01$ ) alcohol use. Men had used alcohol in their lives, within the past year, and currently more than women. However, marital status and education were not found to be significantly related to lifetime, annual or current alcohol use. Nonetheless, a trend in the data suggested that those who had not finished high school

had used alcohol currently more than those who had completed high school ( $\eta = .27$ ,  $\beta = .25$ ,  $p = .069$ ). A positive relationship between alcohol use and education had been expected. Duration of homelessness, previous hospitalization, and psychological problems, depression and psychosis, were not significantly related to alcohol use. It was expected that they would be.

This set of demographic and homeless state characteristics did not significantly predict lifetime, annual or current other drug use among these young adults. Contrary to expectations, gender and income were not significantly related to lifetime, annual or current other drug use, nor was previous hospitalization. Surprisingly, duration of homelessness was significantly related to lifetime other drug use ( $\eta = .36$ ,  $\beta = .41$ ,  $p < .01$ ). Individuals who were 18 to 25 and were intermittently homeless had used other drugs in their lifetimes more than individuals who were chronically or newly homeless.

#### DISCUSSION AND CONCLUSION

Alcohol use is no more prevalent among young homeless African American adults in shelters than it is among young non-homeless African American adults in the general population. However, other drug use is more prevalent among young homeless African American adults in shelters than it is among comparable adults in the general population. For example, lifetime, annual and current illicit drug use estimates among young homeless African American adults greatly exceed those of their

counterparts in the general non-homeless population. Even though marijuana and cocaine are popular drugs among homeless and non-homeless African American adults, there are striking differences in the use of marijuana and cocaine between homeless and non-homeless adults. Young homeless African American adults are at least one and a half times more likely than young non-homeless African American adults to have used marijuana and/or cocaine in their lifetimes, to have used these substances within the past year and to be currently using them.

Looking at the patterns of alcohol and other drug use by demographic and homeless state characteristics reveals findings that are somewhat congruent with previous research (Cahalan, et al., 1969; Johnston, et al., 1986; National Institute on Drug Abuse, 1988). Gender seems to have the most consistent relationship with alcohol use among young homeless African American adults. Men use alcohol more than women in their lifetimes, annually and currently. Other demographic characteristics, such as income, marital status and educational level, that have been linked to alcohol use in the general adult population are not significantly correlated with alcohol use among young homeless adults (Cahalan, et al., 1969) Nor are homeless state characteristics, such duration of homelessness, previous psychiatric hospitalization, and psychological problems (Hoffman, 1982; Roth & Bean, 1985). In part, these demographic and homeless state characteristics do not appear to be as strongly related to simply using alcohol as they are to heavy

drinking or alcohol abuse. It is worth noting, though, that these demographic and homeless state characteristics, as a group, do account for approximately 28 percent of the variance in predicting annual and current alcohol use among these homeless adults.

Duration of homelessness seems to be the only homeless state characteristic that is significantly correlated with other drug use. Young African American adults who are intermittently homeless, that is they seem to be cycling in and out of being housed, use drugs more than those who are chronically and newly homeless.

Overall, the prevalence estimate for current illicit drug use in this sample, 35 percent, is slightly higher than previous studies of homeless people (i.e., Morse, 1985), but, given the age of the sample, 18 to 25 years, and increasing drug problems in the locale where the data were collected, the District of Columbia, this is not unusual. Furthermore, other studies that have looked at current drug use such as Farr and his colleagues (1986) have assessed drug dependence which tends to be a lower figure than drug use.

These findings begin to highlight differences in alcohol and other drug use patterns between homeless and non-homeless populations as well as intra-group differences among homeless adults; in this instance, young homeless African American adults. They suggest that treatment for alcohol and other drug use is necessary for some young homeless African American adults; in

particular, those who are male and those who are intermittently homeless. However, given the types of illicit drugs that are abused, such as cocaine which is highly addictive; that illicit drug use seems to begin prior to homelessness (Milburn, et al., in press); and that men and women only differ significantly in the use of alcohol not other drugs such as cocaine and marijuana; prevention activities targeted at young African American adults may do more to alleviate homelessness and drug abuse in the long run. Young people need to be encouraged and taught not to use drugs. Treatment after they become abusers is costly and can be limited in its effectiveness.

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TABLE 1

Percent Reporting Alcohol and Other Drug Use among Young African-American Adults in the General Non-Homeless Population and Homeless Sample in Shelters

<u>Drug</u>	<u>Population</u>	
	<u>Non-Homeless</u> <sup>1</sup>	Homeless <sup>2</sup>
Licit:		
Alcohol		
Lifetime	79	77
Annual	69	67
Current	50	50
Illicit:		
Any Drugs		
Lifetime	47	73
Annual	26	49
Current	17	35
Marijuana		
Lifetime	45	65
Annual	24	38
Current	15	27
Stimulants, sedatives tranquilizers & anal- gesics		
Lifetime	7	15
Annual	6	6
Current	4	0

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1. These percentages are for the weighted sample of African-American adults age 18 to 25 years from the 1988 Household Survey.

2. Sample of young homeless African-American adults, age 18 to 25 years, in shelters (N = 68).

**Cocaine<sup>3</sup>**

Lifetime	10	37
Annual	a	31
Current	4	19

**PCP**

Lifetime	2	35
Annual		<b>18</b>
Current		10

Heroin

Lifetime	2	3
Annual		2
Current		0

**Note :** All figures have been rounded to the nearest whole number.

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<sup>3</sup>. Includes crack.

TABLE 2

Descriptive Characteristics of the Sample of Young Homeless  
African-American Adults in Shelters

Demographic Characteristics

	Percent	N
Gender		
Male	44	30
Female	56	38
Educational Level		
Less than high school	54	37
High school graduate	46	31
Marital Status		
Married or formerly married	16	11
Never married	a4	57
Income Level		
<\$3,000	34	23
\$3,000 - \$6,999	29	20
\$7,000 - \$11,999	21	14
\$12,000 or more	16	11

Homeless State Characteristics

Psychological Problems		
Psychosis		
Psychotic	16	11
Non-psychotic	a4	57
Depression		
Depressed	78	53
Non-depressed	22	15
Previous Psychiatric Hospitalization		
Hospitalized	3	2
Not hospitalized	97	68

Duration

Newly homeless	32	22
Intermittently homeless	38	26
Chronically homeless	29	20

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## CHAPTER 5

### DILEMMAS OF DRUGS-AIDS RESEARCH AMONG AFRICAN AMERICANS

Ernest Quimby, Ph.D.

The model of drug use as crime has perpetuated addictophobia and resistance to acknowledging issues of chemical dependency, denial, and related obstacles which retard efforts to mobilize participation to reduce the spread of acquired immunodeficiency syndrome (AIDS). This paper sketches some of these factors and discusses difficulties experienced by African Americans as they attempt to contain the human immunodeficiency virus (HIV). Undocumented references are personal communications to the author.

#### AIDS AND DRUG USE

Drug use -- both legal and illegal -- poses special problems for HIV transmission among individuals, groups, communities and the general society. Through sharing drug paraphernalia and unprotected sexual intercourse, because of infected blood and contaminated drug works, intravenous drug users (**IVDUs**) risk being infected carriers of HIV and contracting AIDS themselves. Youth and adults, including college students, that use cocaine, alcohol and other psycho-active chemicals are subject to impaired judgment regarding safe sex and/or clean needle use.

Special populations are vulnerable. Among prison inmates, high recidivism rates and the lack of comprehensive HIV prevention and treatment programs lead to a cycle of infection/reinfection. Although not yet substantially documented, prostitution by addicts may also be a vector. Furthermore, the

exchange of sexual intercourse for crack and other drugs increases the possibility of transmission.

Finally, because of the probability of seroconversion to an indicated HIV positive (HIV+) infected state, new HIV+/AIDS incidence rates are not likely to immediately decrease among former needle users even if their current drug use patterns change. The existence of "**shooting galleries**" and subcutaneous drug use insures chances for a devastating future.

#### EPIDEMIOLOGIC DATA ON DRUGS AND AFRICAN AMERICANS

Although most African Americans do not abuse drugs, the situation is serious among those that do, according to the National Institute on Drug Abuse (NIDA 1989a):

- > According to self-reports, nearly 8 million (36 percent) African Americans used marijuana, cocaine or other illegal drugs at least once in their lives; 3 million used in the past year; and 1.7 million used an illicit drug in the past month (National Household Survey on Drug Abuse 1988).
- > Of people age 35 and older, African Americans **self-**reported that they were more likely to be currently (past month) using an illegal drug than whites or Hispanics (Household Survey 1988).
- > Current cocaine use by African Americans decreased from 3 percent in 1985 to 2 percent in 1988 (Household Survey 1988).
- > African American women reported they were more likely to have used crack cocaine than women in other racial/ethnic groups. They were also more likely to be currently using crack cocaine than African American men (Household Survey 1988).
- > African American patients amounted to 63,002 (39 percent) of the 160,170 drug abuse-related emergency room cases reported to DAWN in 1988. Of the African American emergency room patients, 62 percent were males, and 40 percent were **20-29** years old (Drug Abuse Warning Network [DAWN] 1988).

- > Among all patients, cocaine was the most frequently mentioned drug in **DAWN's** emergency room episodes. Nearly 57 percent of cocaine emergency room cases involved African American patients (DAWN 1988).
- > Of the 6,756 drug related deaths reported to medical examiners to DAWN in 1988, African Americans accounted for 30 percent (1,999). More than 74 percent of the African American decedents were males, and 46 percent were 30-39 years old (DAWN 1988).
- > Cocaine was the most frequently cited drug in DAWN medical examiner cases. Heroin/morphine was second. African Americans accounted for 41 percent of cocaine related deaths and 31 percent of heroin/morphine related deaths (DAWN 1988).
- > Approximately one-fourth of clients in drug abuse treatment reported to NIDA are African American. The highest proportion of African American clients was in the District of Columbia, Georgia, Illinois and Maryland (National Drug and Alcoholism Treatment Unit **Survey**, NDATAUS, 1987).
- > Generally, reported drug use is higher among high school drop outs than those who complete their schooling. More than one-third of 18-19 year old African Americans drop out of school. Those African American students who do stay in school are less likely than white students to use illicit drugs. White high school seniors self reporting of ever having used cocaine is twice that of African American seniors (13 percent vs. 6 percent). White seniors are also more likely than African American seniors (50 percent vs. 37 percent) to have ever used marijuana (High School Senior Survey: Monitoring the Future Study 1988).
- > For African Americans, IV drug use and its associated contexts have created special problems of AIDS and infection caused by HIV. Of reported households, African Americans are twice as likely as white Americans to have used drugs intravenously (NIDA 1989a). By August 31, 1990, Blacks comprised 39,861, including 18,234 IVDUs, of the 142,426 reported adult and adolescent people with AIDS (**PWAs**) in the U.S. Of all IVDUs with AIDS, 57 percent were Black females, 35 percent were Black male heterosexuals, and 8 percent were Black male homosexuals/bisexuals (U.S. Centers for Disease Control, September 1990). African **Americans** only make up 12 percent of the general U.S. population, but account for 46 percent of reported adult/adolescent AIDS cases involving IVDUs.

- > African Americans **totalled** 1,305 (over 50 percent) of the reported pediatric AIDS cases through August 1990. Over 60 percent of their mothers were either **IVDUs** or had sexual intercourse with an IVDU (U.S. Centers for Disease Control, **September** 1990).

#### OVERVIEW

AIDS has become a metaphor for life or death. United States Centers for Disease Control (CDC) reports 142,426 national cases as of August 31, 1990; 41,166 are Black (CDC, September 1990).

(See Table 1 on "Transmission Categories by Racial/Ethnic Group.") However, these are only reported figures. They may not include all increases in tuberculosis, pneumonia, endocarditis, other opportunistic illnesses, and deaths associated with infection, narcotics and HIV-induced immunosuppression (Stoneburner 1988). Some metropolitan areas with high AIDS incidence and prevalence rates also have severe rates of sexually transmitted diseases due to unprotected intercourse and drug use.

AIDS occurs in a context of inadequate minority health care which must be recognized, acknowledged and addressed if this epidemic is to be slowed and eventually halted (BBS 1985). Without a firm data base it may be more difficult to develop and implement an effective and comprehensive public health policy to control HIV infection, of which full-blown AIDS is a small part (CDC 1986). **It** is imperative not only to begin confronting and changing AIDS itself, but also to start appreciating the contexts within which it has attacked African Americans and other ethnic/cultural groups. This owning or assumption of personal responsibility may very well be the most important contribution

one can make towards stopping the disease.

HIV and IV drug use are spectrums of illness, symptomatic of psychological and structural issues (Mays and Cochran 1987; NIDA 1989b, 1990). These range from the interaction and effects of personality and culture to the allocation of institutional resources and power. They include self-identity, stress, coping mechanisms, access to health care, the ability (of individuals, neighborhoods and agencies) to finance prevention and treatment, definitions and application of knowledge and consciousness, and perceptions of race, gender, class, and sexual orientation. Illicit drug abuse and HIV infection will not be contained without also focusing on factors which impede or facilitate service delivery and empowerment of people so they may change their lives. AIDS is related to conditions of social existence, notably IV drug abuse (Brown et al. 1986, 1987; Brown and Primm 1987; Des Jarlais et al. 1985, 1988). Saving lives by altering values, attitudes and behavior, calls for changing the circumstances of African Americans and Caribbean people (Quimby 1987, 1988, 1989b; Friedman et al. 1989). Policy recommendations **"accordingly** emphasize the critical need for drug-treatment, health care, delivery of culturally appropriate AIDS-related social services and education, and the development of Black professionals in research and service provision, foster care, case management and housing (N.Y.S. Governor's Advisory Committee for Black Affairs 1987)."

## WAYS OF VIEWING THE PROBLEM

AIDS uncovers many issues that individuals and groups typically deny, hide, pretend do not exist, try to escape from, convince themselves will go away, or block from view. When these do not work, some move to another level: medicating feelings with alcohol and/or other drugs; labeling and segregating an allegedly different "us" from "them" (reflected in the mistaken view that "those other" people are "risk groups", despite the repeatedly stated fact that it is not one's reference group or membership, but risky behavior that puts one at risk); hunting, assaulting or rejecting unwanted carriers of disturbing news and the message itself; engaging in violent and aggressive witch-hunts for demons that threaten our fragile, often mythical, sense of social stability. Hence AIDS is a deserving penalty for straying from ethnocentric notions of morality and normal behavior.

Sickness can be a metaphor (Sontag 1978). Thus it is with AIDS. "Lock them up and throw away the key." "They don't deserve to live among us." "I'm so ashamed of them." "They deserve what they got." "Just look at those peewerts! No wonder they're being punished." "They shouldn't have any rights." AIDS becomes a metaphor for and expression of prejudice and discrimination. It allows for a self-destructive thought: better them than us. In its extreme form, AIDS becomes a sign for finalizing a solution: Why not just let it kill off the unwanted and useless misfits? AIDS becomes a symbol of mythical claims and unfinished business. Thinking we are not in danger because

of anything we do, and that they are at risk and jeopardize us because of what they are, there is a seemingly comforting illusion that the problem is only ours to the extent that we let them remain among us.

AIDS also unlocks and brings to the surface submerged notions about death and sex. These can be extremely painful in any society uncomfortable about openly and honestly communicating (but whose mass media bring us uncountable images of violence, destruction, death and carnal knowledge twenty-four hours a day). AIDS is a metaphor for death. To take on AIDS is to embrace issues surrounding how we live, the meaning and purpose of living, and the quality of our lives versus theirs.

Sociologically, AIDS reproduces the world as some of us think it is **or** would like it to be. It conjures up our fantasies, horrors, secret desires, our problems **of** existence. The spread of infection is linked to images and other constructed conditions of our so&al reality. HIV transmission reproduces core social problems and each of our individually interpreted realities. As such, the problem of AIDS is partly a symptom of unresolved views and experiences of social interaction (Feldman and Johnson 1986; Bayer 1989; Turner, Miller and Moses 1989). AIDS recreates society in our likeness of ourselves and "**them.**" It validates our fears of contamination: from faggots, junkies, bitches, foreigners, African Americans, sinners -- from all of those unwanted outsiders in our midst. AIDS reproduces our glass houses. It permits, even requires, for its existence imperatives

(myths, theories, beliefs, explanations, facts, perspectives, assumptions, rumors, opinions, policies and programs) that cast blame, assign guilt, and remove responsibility from some -- while labeling and stigmatizing others.

The AIDS epidemic has been seized by political ideologies searching for a mission or hoping to achieve goals and objectives based on deeply ingrained feelings. Hence, there are calls for mandatory testing, sterilization, denial of reproductive rights, for regulating the liberties of some while extending the oppressive privileges of others.

If HIV infection is a function of social relationships, then how we control social intercourse and social reproduction may either further democratize our society or move it even more towards restricted civil rights, curtailed social interaction, limited freedom, circumscribed survival. We must begin to stop being haunted by ourselves. AIDS has the positive potential for making real the possibility of turning a shadow of death into a content and context for the substance of life.

For African Americans, AIDS takes place within historical, sociological, political, economic, psychological and spiritual contexts of struggling against racism, disenfranchisement, structured social inequality, dependency, institutionalized neglect, injustice, chronic unemployment and under-employment, miseducation, inadequate health care, environmental pollution and victimization. Such constant battling is stressful. It kills far too many much too early. It creates an emotional strain that

damages all, but which is handled differently depending on a variety of factors: family stability, cultural conditioning, ideological outlook, type of education, type of peer pressure, internalized self-worth, degree of racial pride, conditioned attitudes towards social mobility, and so on.

Consequently, to many folks, "**AIDS** ain't nothing new. It ain't no big **thing**." Even for some who no longer view it as "the gay disease" of whites, other things may seem much more significant. According to whom one speaks, AIDS is far less important than trying to find a job, or getting a gold chain, or sleeping with someone in order to buy some crack, or "chilling out," or having a baby, or experimenting with sex, or deciding which party to go to this weekend and getting a "**good high**" in order to have a nice time, or figuring out whether or not to let people know that **you're** gay, or just trying to get through the day. To countless brothers and sisters, their peers and police officers are far greater dangers than HIV infection.

Depending on how data are presented and used, there is a danger that AIDS and junkies will become a stigmatic synonym for certain African Americans and Hispanics. Fighting racism and stereotyping is part of amnesic America's unacknowledged, yet unfinished business. AIDS has the potential for unleashing even more bigotry against racial minorities and politically marginal **groups**, as it did against gay men.

Because AIDS occurs within a social climate of what might be called "fashionable racism," hatred of addicts and homophobia, it

may be hard to acknowledge. Having worked so diligently to distance themselves from stigma, from the potentially pathological consequences of poverty and lack of opportunity, the African American community's leadership is now being told that AIDS is theirs. Many respondents objected to what they saw as media and medical messages suggesting that Africans, Haitians, prostitutes, immoral fornicators, ignorant, backwards and afflicted people of color carried the disease to an unsuspecting, innocent (and implicitly white) world. AIDS can be a perceived metaphor for oppression and containment by African and other Third World peoples (Miller and Rockwell 1988; The Panos Institute 1986). This investigator noticed that some African American members of the general public seem neutralized by debates over the origin of AIDS. However, Black health workers overwhelmingly insisted that the central issue is not where AIDS came from, how to stop it.

Given the dynamics of socialization and African American experiences, the relationship of peoples of African descent to the corridors of power, portrayals of women and men of color -- given Tarzan -- then distrust, perceptions of conspiracy, resentment, anger, disbelief and irresponsibility are quite logical outcomes. Consequently, interventions need to account for social and psychological issues (Kelly and St. Lawrence 1988). Numerous respondents asserted that there is a lack of aggressive leadership against the spread of AIDS among African Americans. Some reported feeling that the majority group's

answer to the AIDS problem is to let sections of minority groups continue to get it and hopefully die off. They argued that such a **"solution"** could even be administered by an African American elite.

#### **DILEMMAS AND RESPONSES: FINDINGS FROM AN ETHNOGRAPHIC STUDY**

##### **Research Problem**

To develop a clearer conceptual and descriptive grasp of AIDS issues facing African American organizations, an empirical study began in 1987 with the author and Samuel R. Friedman. It is still being conducted by the author. Although the original focus was New York City, its findings have national implications. Based on field work, much of this section's framework has been presented elsewhere (Quimby and Friedman 1988, 1989; Quimby 1989a).

The major theoretical and empirical research questions were:

- > Why haven't African Americans **mobilized earlier and more effectively?**
- > What has been done?
- > Why does there seem to be disorganization, lack of significant mobilization, and confusion concerning African American responses to the HIV epidemic?

#### **METHODOLOGY**

Ethnographic data were gathered by participant observation and structured/formal plus non-structured/informal interviews of over 200 health, educational and political officials, activists, clients, leaders, policy-makers, scholars, service providers and other workers. Additional information was collected from **reports, transcripts and related materials. Sources included**

public and private organizations in Atlanta, Berkeley, Boston, Chicago, Denver, Miami, N.Y.C., New Jersey, Philadelphia, San Francisco, and Washington, D.C.

#### MAJOR THEMATIC FINDINGS

Three major thematic findings are discernible.

- > It is incorrect to suggest that African Americans rather than whites have difficulties launching or utilizing HIV programs. African American reactions are partially a consequence of dynamics occurring outside of their community. Denial and hesitancy by whites, plus inappropriate public health education influence cautious responses by Blacks. Sensationalist and conflicting reports by the dominant media lead to confusion and apprehension. African Americans may be taking their cues from the broader white society's reluctance to mount a concerted and massive HIV reduction/prevention/ treatment campaign.
- > Responses by Blacks are not monolithic. They reflect **differences** related to class, gender, sexual orientation, education, culture, ethnicity, education and politics. There is no uniform or singular reaction. It would be an over-generalization to report that African Americans per se avoid mobilizing around HIV issues. Moreover, organizations confronting the epidemic vary in their objectives (e.g., securing gay rights or combatting white racism) and approaches (e.g., confrontation politics or board room diplomacy).
- > Organizing and outreach of working class Black areas are hampered by a combination of external pressures and **infra-**structural obstacles. Efforts are reduced by depressing conditions such as poverty, unemployment and improper health care. Participation in yet another battle is retarded by a persistency of neglect and exploitation, as well as previously unsuccessful campaigns for empowerment. Internal dynamics and structural characteristics mitigate against consistent and aggressive leadership. Politicians fear being involved in controversies over homosexuality and chemical dependency -- and religious officials reveal conflicting attitudes.

#### THEMATIC HISTORY OF RESPONSE PROCESS

African American organizational reactions are conditioned by general barriers: the conceptual framework of AIDS (i.e., its

associations and descriptions) and **people's** perceptions of it. A comparison can be made between the issues and organizing activities of gays (Shilts 1978; Altman 1987) and those of African American activists. Each group had internal disagreements, but tensions and conflicts may have been greater among Black activists. In addition, the Black community was less developed organizationally to incorporate HIV issues in its programmatic efforts for development.

Before 1987, most Black organizational reactions were denial, avoidance, and suspicion of issues and activists regarded as linked to whites, gays and addicts. Nevertheless, regional and national events elsewhere were initiated by African American gays and lesbians, and others affiliated with religious and civil rights groups.

After public health and media reports in 1987, initial steps toward mobilizing participation took place. Efforts involved meetings, conferences, and rallies of Blacks. With the identification of common issues came limited activities with activists embracing drug/HIV/gay issues.

However, serious difficulties continue to retard efforts. There are policy disagreements over drugs, needle distribution, nature of HIV threat (e.g., gay vs. IVDU), as well as financial problems and lack of a consistent focus and approach. Black organizations are struggling for various issues, each of which periodically appears to be the most important. Hence, a major dynamic is competition for agenda. Organizations are further

hindered by alternating priorities and shifting programs.

#### CONCLUSIONS AND SIGNIFICANCE

There is no single explanation of why African Americans have been relatively slow in responding to the AIDS/HIV epidemic. Several major factors reduce effective programmatic responses. At the local (micro) level, mobilization is restricted by contending interests, conflicting priorities and organizational rivalry. Controversies and debates over drugs and sexuality remain unresolved. Public policies to reduce substance abuse, such as methadone maintenance, are frequently rejected. Blacks and whites tend to call for drug treatment programs, but demand that they be located in someone else's neighborhood. **"Needle exchange"** programs have been politically blocked. Meanwhile, intravenous **drug** users lack a constituency, are unorganized, and are not really a group. In an atmosphere of misinformation and confusion, so-called **"conspiracy theories"** have circulated. Advocates of condom use are suspected. There is also general caution among African American college students about the motives of researchers and health workers.

From a macro-sociological perspective, African Americans have been historically blocked from exercising power or engaging in meaningful participation in influential institutions. Abuse and neglect combined to further restrict organizational activity.

Unlike white gays, Black institutions were not adaptable to incorporating HIV-related issues.

African American responses to AIDS revolve around three positions (Quimby 1990a; 1991). First, AIDS is deemed a health problem mainly for homosexuals and IV drug users; consequently, its solution is left up to health authorities. Second, its origins are moral: therefore its elimination will be achieved by consciously returning to spiritual health. Third, stopping the epidemic requires political mobilization to address social conditions and broader issues of health care. AIDS activities of Blacks are grounded in these stances.

African American organizations reveal greater responsiveness, but are relatively uncoordinated. Mass support has not been given **to any** national, regional or local group or program. Groups remain divided over ideology. This general situation is also true for community efforts to stem substance abuse/use, drug dealing and related crime (Quimby, 1988; Quimby, 1989b). Despite increased African American organizational activity, these factors continue to reduce the ability to formulate and evaluate effective programmatic responses.

#### RECOMMENDATIONS

More ethnographic research is necessary to clarify the following **policy** recommendations (Quimby 1990b). A comprehensive national HIV policy is needed. It should be based on culturally appropriate prevention and treatment modalities. By itself information does not lead to behavioral change. Present approaches tend to be relatively fragmented and uncoordinated. Community-based organizations urgently want technical and

financial assistance.

Mobilizing groups whose history has been one of marginality or exclusion requires that they be empowered. To be effective, outreach programs aimed at African Americans must address structural and other contextual issues. Individuals and groups need to be able not only to imagine the possibility of a better future, but require the means to effect social change.

Corporate and public initiatives are needed to recruit and train African American researchers, clinicians and other biomedical personnel. Treatment and research protocols should include more African Americans. Moreover, those caring for persons who are HIV+ **or** living with AIDS need systematic support. Alcohol and other drug abuse impairs judgment and places one at risk for not making safe choices. Exchanging sex for drugs has dramatically increased since the crack cocaine epidemic.

Intervention efforts to contain the transmission of drug-related HIV should be connected to mobilizing support for containing substance abuse. Systematic qualitative research data are needed regarding the epidemiology of drug use among African American youth, including college students. Indeed, African American university students have **indicated that** they doubt the validity of epidemiological data because they were collected by whites. Information is also required as to why many youth do not become abusers of alcohol and other chemicals.

It is imperative to not continue regarding white middle class subjects as the models for intervention and research.

Legitimization **and** potential participation are reduced when programs are centered around themes and issues not of concern-to people of color or working class persons.

AIDS can be **a** metaphor for African American urban survival.

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APPENDIX

Note: The following table is based on a total of 146,746 cases reported through August 1990 which include Guam, U.S. Pacific Islands, Puerto Rico, and the U.S. Virgin Islands. Excluding U.S. dependencies, possessions and freely associated independent nations, the U.S. total is 142,426.

**TABLE 1: TRANSMISSION CATEGORIES BY RACIAL/ETHNIC GROUP**

	<b>WHITE</b> (not Hispanic)		<b>BLACK</b> (not Hispanic)	
ADULTS/ ADOLESCENTS Homosexual/ Bisexual Male	Cumulative Number	(%)	Cumulative Number	(%)
	61,586	(76)	14,486	(36)
Intravenous (IV) Drug Abuser	6,309	(8)	15,617	(39)
Homosexual Male & IV Drug Abuser	5,703	(7)	2,624	(7)
Hemophilia/Coagulation Disorder	1,078	(1)	84	(0)
Heterosexual Cases	1,564	(2)	4,523	(11)
Transfusion, Blood/Components	2,426	(3)	576	(1)
Other/Undetermined	1,908	(2)	1,958	(5)
Subtotal	80,574	[100]	39,861	[100]
<b>CHILDREN</b>				
Hemophilia/Coagulation Disorder	87	(16)	17	(1)
Mother with/ at risk of AIDS	322	(59)	1,200	(92)
Transfusion, Blood Components	130	(24)	52	(4)
Undetermined	7	(1)	36	(3)
Subtotal	546	[100]	1,305	[100]
TOTAL	81,120		41,166	

**TABLE 1a: TRANSMISSION CATEGORIES BY RACIAL/ETHNIC GROUP  
(cont'd.)**

	HISPANIC		ASIAN/PACIFIC ISLANDER	
ADULTS/ ADOLESCENTS	Cumulative Number	(%)	Cumulative Number	(%)
Homosexual/ Bisexual Male	9,078	(41)	662	(75)
Intravenous (IV) Drug Abuser	9,039	(45)	37	(4)
Homosexual Male & IV Drug Abuser	1,393	(6)	16	(2)
Hemophilia/Coagulation Disorder	99	(0)	15	(2)
Heterosexual Cases	1,271	(6)	31	(3)
Transfusion, Blood/Components	336	(2)	68	(8)
Other/Undetermined	1,116	(5)	57	(6)
<b>Subtotal</b>	<b>22,332</b>	<b>[100]</b>	<b>886</b>	<b>[100]</b>
<b>CHILDREN</b>				
Hemophilia/ Coagulation Disorder	22	(3)	3	(25)
Mother with/ at risk of AIDS	554	(85)	4	(33)
Transfusion, Blood Components	55	(8)	5	(42)
Undetermined	20	(3)		
<b>Subtotal</b>	<b>651</b>	<b>[100]</b>	<b>12</b>	<b>[100]</b>
<b>TOTAL</b>	<b>22,983</b>		<b>898</b>	

TABLE **1b**: TRANSMISSION CATEGORIES BY RACIAL/ETHNIC GROUP  
(cont'd.)

	AMERICAN INDIAN/ <b>ALASKAN</b> NATIVE		TOTAL	
<b>ADULTS/ ADOLESCENTS</b>	<b>Cumulative Number</b>	<b>(%)</b>	<b>Cumulative Number</b>	<b>(%)</b>
Homosexual/ Bisexual Male	112	(55)	86,113	(60)
Intravenous (IV) Drug Abuser	34	(17)	31,114	(22)
Homosexual <b>Male</b> & IV Drug Abuser	26	(13)	9,776	(7)
Hemophilia/Coagulation Disorder	a	(4)	1,288	(1)
Heterosexual Cases	10	(5)	7,418	(5)
Transfusion, Blood/Components	3	(1)	<b>3,417</b>	(2)
Other/Undetermined	12	(6)	5,095	(4)
<b>Subtotal</b>	<b>205</b>	<b>[100]</b>	<b>144,221</b>	<b>[100]</b>
<b>CHILDREN</b>				
Hemophilia/Coagulation Disorder			129	(5)
Mother with/ at risk of AIDS	5	(100)	2,091	(83)
Transfusion, Blood Components			242	(10)
Undetermined			63	(2)
<b>Subtotal</b>	<b>5</b>	<b>[100]</b>	<b>2,525</b>	<b>[100]</b>
<b>TOTAL</b>	<b>210</b>		<b>146,746</b>	

## CHAPTER 6

### SUBSTANCE USE AT AN HISTORICALLY BLACK UNIVERSITY: AN ANALYSIS OF THE RESULTS OF TWO SURVEYS

George P. Wilson, Sr. Ph.D.

Ms. Karen B. Taylor

The results of two surveys which asked undergraduate students about their use of alcohol and drugs, and their opinions about substance availability and associated risks will be discussed in this paper. The surveys were conducted in December of 1988 and February of 1990 at North Carolina Central University, Durham, North Carolina. Analysis of the results follows the introduction, literature review, and methodology. The paper closes with a discussion of the process and recommendations for further research.

North Carolina Central University (NCCU) has an undergraduate enrollment of approximately 5000 students of whom 91% are black. Most NCCU students are first generation college educated and were reared in rural, economically disadvantaged environments. As a result, approximately 85% of the NCCU student body receives financial aid. The communities and school systems from which these students are drawn rarely offer drug and alcohol education. Further, it is likely that the students' first exposure to drugs occurred upon arrival at NCCU. If a student does develop a substance abuse problem, it is unlikely that his/her parents have the resources to obtain treatment for their child.

With these factors in mind, the Criminal Justice Program at NCCU applied for and received a two-year grant from the U.S.

Department of Education to operate a Drug Information and Support Center (D.I.S.C.) on campus. Program goals include: providing education about drug and alcohol use to students; providing peer-counseling to students with minor substance use problems or questions; developing peer pressure against drug and alcohol use; and conducting a **pre-** and post-program survey of student's drug and alcohol knowledge and use. Data discussed in this report are taken from the **pre-** and post-program surveys which were required by the funding agency.

Very little literature is available on the use of drugs and alcohol at Historically Black Colleges and Universities (HBCUs), or on the types of prevention and educational programs that work best with this population. The literature reviewed does support several of the research findings such as the higher substance use among males, the use of alcohol as a means of "**having fun**," and the positive effect of friends' use on respondents' use.

For both surveys a sample was randomly selected, and proved to be representative of the population. The questionnaire was adapted from one used at Duke University so that results from the two neighboring universities could be compared. The post-program survey is a shortened version of the pre-program survey, and therefore yielded a more thorough and accurate response. Most of the analyses will **use the** more recent data. Very little difference was discovered between the responses to the first and second surveys.

Results from both surveys indicate that the majority of NCCU students drink alcohol at least a few times per month, and close to one quarter use marijuana on occasion, but few use other drugs. Because the majority (60%) of the student population is younger than the legal drinking age of 21, alcohol can be viewed as an illegal drug, and students who use it face not only health risks, but legal ramifications as well. Data show that males drink and use drugs more than females, and that females perceive a greater **risk** to be associated with substance use. Both sexes use alcohol **"to have fun,"** and few respondents drink alone, during the day, or due to boredom, anger, or frustration. Substance use is significantly positively related to friends' use, but does not appear to be related to perceived availability or age, as indicated by year in school.

Due to the high response rate to most of the items on the questionnaire, and the representativeness of the sample, the data generated by the second survey are worthy of further analysis. Collaboration with Duke University, a neighboring institution with a predominately white, wealthy population, to compare survey data could generate interesting results. Developing scales to classify respondents as light, moderate, and heavy users and using independent variables to profile respondents in those categories would be useful for developing educational materials and targeting prevention efforts.

## LITERATURE REVIEW

### Gender and Alcohol Use

The results of these surveys are consistent with the findings of several researchers who have studied substance use, particularly alcohol use, of the American Black population. Several articles note the higher percentage of male drinkers, as compared to females at all ages. **Fernande-Pol, et al. (1986)** state that Black women show significantly less mean daily alcohol consumption than other groups (male, female, black, white, and Puerto Rican), and that all women were generally older at first intoxication. Many of the women in our survey are still very young (not even old enough to legally drink in this state) so their current level or lack of alcohol consumption may change over time.

**Humm-Delgado and Delgado (1983)** note that male adolescents engage in substance use and abuse more than females, although their research was conducted with Hispanic youth. **Womble and Bakeman (1986)** show that Black men drive drunk more frequently than black women. They also point out that alcoholism is often viewed by white society as being a sickness when it occurs in whites and a crime when it occurs in Blacks. Therefore, Blacks tend to protect each other from dealing with authorities or health professionals which may serve to ignore a substance problem instead of dealing with it.

In his article on ethnicity and drinking, **Caetano (1984)**, says that the most powerful predictor of alcohol use in all

ethnic groups is a liberal attitude toward drinking, and the second best predictor is being male. He also states that for black men frequent heavier drinking increases from the 20s to the 30s with rates among the 30-39 age group twice as high as among the younger men. It appears, therefore, that intervention and education during the college years could be very beneficial to the black male population. Research findings on patterns and predictors of alcohol use among 7-12th grade students by Barnes and Welte (1986), show that males were more likely to be drinkers than were females, and that heavy drinking among males is more than twice the female rate. A study conducted with North Carolina adolescents, by Dignan, et al. (1986), also found that females, white and Black, were less likely than males to drink alcohol or smoke cigarettes.

#### Gender and Marijuana Use

In a study of marijuana use, Kaplan et. al. (1986), found that males are more likely than females to become heavy users, and are less likely to have felt distress around the first time they tried marijuana. They also found that Blacks were less likely than whites to see trying marijuana as deviant, and less likely to experience adverse consequences from trying it. Blacks and Hispanics were also less likely than whites to become heavy users. The authors make a distinction between regular use and experimental use, the latter being almost institutionalized within our culture.

## Influence of Friends Use

According to Barnes and **Welte (1986)**, one of the greatest factors of alcohol use is the number of friends who drink alcohol. Although their research was conducted with high school students, NCCU data seem to support this finding. In a study of three racial groups of adults, **Kleinman** and Lukoff (1978), note that the largest simple correlate of drug use for all racial groups was friends' drug use. They also state that traditional values and religious values, often held by those in the U.S. South, serve to control drug use. Although the NCCU data does not deal with religious involvement, several respondents wrote comments at the end of the survey which suggested that they considered religion to be an alternative to alcohol and drug use. Maddahian, et al. (1986), compared substance use among racial groups in an urban setting and found that although there were some differences in use patterns due to ethnicity, when availability from friends and ease of acquisition were added, ethnic differences were minimal. NCCU data show that friends' use is significantly and positively related to respondent's use, but availability is not.

Research by Dawkins (1986), on youthful Blacks in an urban setting showed some of the reasons why adolescents chose to drink alcohol. The majority drank to experiment, followed by those who used alcohol to "**celebrate.**" Similar to the NCCU data, Dawkins found that most teens drank as a social activity, since few drank alone, during the day, or when only their date was present. He

also mentions that the variables most strongly associated with drinking include parents' income, parental approval, number of friends who drink, cigarette smoking, male gender, and older age.

#### METHODOLOGY

A desired sample size of 400 was chosen in order to have close to ten percent representation of the undergraduate enrollment. A random sample of classes was drawn to obtain proportionate samples of all levels of year in school. An alphabetical list of all classes offered was assembled and classes were assigned consecutive three digit numbers. Fifty numbers from a table of random numbers were selected, and the instructors of courses with matching numbers were contacted to seek their agreement to be involved in the survey.

Classes were over-sampled to account for canceled classes, or refusal to participate. For both surveys over half of the selected classes did participate, with 336 respondents the first time and 356 the second time. The data in Table 1 show a strong correspondence between the sample and the University population on selected critical variables. In short, the procedures worked to the extent that the sample and the population are similar.

#### Survey Form

The survey form used in this project was adapted from Duke University's adaptation of the University of Michigan form. The questionnaire featured a thorough review of the respondents' use patterns on a wide variety of substances ranging from cigarettes and alcohol to LSD and heroin. However, the first questionnaire

was much too long and tedious for the respondents. Many of the

**TABLE 1: Student Body Characteristics (n=4,000)**

<b>SEX</b>	Male = 37%	Female = 63%	
<b>RACE</b>	Black = 91%	White = 7%	Other = 2%
<b>CLASS</b>	Freshman = 32%	Sophomore = 27%	
	Junior = 20%	Senior = 21%	

First Sample Characteristics  
(n = 336)

<b>SEX</b>	M = 34% F = 66%
<b>RACE</b>	B = 93% W = 5% O = 2%
<b>CLASS</b>	Freshman = 24%
	Sophomore = 24%
	Junior = 23%
	Senior = 26%
	Other = 3%

Second Sample Characteristics  
(n = 356)

<b>SEX</b>	M = 34% F = 66%
<b>RACE</b>	B = 92% W = 5% O = 3%
<b>CLASS</b>	Freshman = 22%
	Sophomore = 25%
	Junior = 26%
	Senior = 25%
	Other = 3%

items were unnecessary since they queried the students about details of drug use on drugs few, if any, report using. Over two hundred variables from the first set of data either showed no variance or received less than a 3% response rate. These variables were eliminated from the second survey, and as a result all questions in the second survey received greater than a 90% response rate with at least some degree of variance. Items in the new survey form were selected to preserve questions about the respondent's use level of alcohol and drugs, estimates of friends' use levels, and the availability of substances on campus. Also included were questions about the need for substance abuse programs on campus, and the student's knowledge of the NCCU drug policy and the D.I.S.C. program.

#### STATISTICAL ANALYSIS

All data entry and analysis was done using **SPSSX**, a statistical software package designed for the social sciences. **Frequencies and percentages were run for every variable, and**

cross-tabulations were used to look at the relationships between variables. Because most of the data used is of the nominal or ordinal level the gamma statistic was chosen to determine a measure of association between two variables.

The gamma has a possible range of -1.0 to +1.0. A negative value indicates that the lower values of one variable relate to the higher values of the other. For example, males are coded as 1 and females are coded as 2, and use levels are coded on an ordinal scale (1,2,3, etc.). Therefore, a negative gamma will result if a low value for sex (1 for males) correlates with a high use value. A chi square value of .05 is used to label a relationship as significant, indicating that the response was strong enough to expect similar results for 95% of the data if the question was asked again with a new random sample.

As the samples are fairly representative of the population, it is felt that inferences to the entire student body can be made, although sampling error and confidence levels have not been determined. Therefore, the data presented here should be seen as sample statistics and not population parameters. The surveys were conducted to fulfill the requirements of the program funding agency, and were therefore not intended to prove or disprove research hypotheses. Many hypotheses that could have been generated from the literature review have been supported by the data. These include: males are heavier substance users than females; alcohol is by far the preferred substance of use; drinking alcohol is viewed as a social activity; and the

respondent's substance use is positively related to his/her friends' use.

### RESULTS

These tables show the percentage of respondents reporting use of the following substances at least once in their lifetime.

TABLE 2a: First Survey

Substance	Freshman	Sophomore	Junior	Senior	Male	Female
Cigarettes	24.6%	26.7%	19.0%	25.0%	29.7%	21.8%
Marijuana	41.1% (23.3%)	50.0% (22.9%)	41.2% (24.5%)	56.0% (17.3%)	57.8% <b>(35.3%)</b>	41.2% <b>(14.4%)</b>
Alcohol	84.5% (70.3%)	84.9% (73.6%)	84.5% (76.1%)	88.6% (73.4%)	83.0% <b>(74.4%)</b>	90.0% <b>(74.1%)</b>
Cocaine	5.6%	3.0%	8.6%	5.3%	<b>9.4%</b>	3.7%
Crack	2.9%	1.5%	1.5%	4.4%	4M	2F
Heroin	1.4%	0%	2.8%	0%	<b>1M</b>	2F

TABLE 2b: Second Survey

Substance	Freshman	Sophomore	Junior	Senior	Male	Female
Cigarettes	18.9%	20.9%	20.0%	25.0%	23.9%	20.3%
Marijuana	30.1% (23.3%)	41.9% (19.8%)	54.4% (22.2%)	41.7% (13.3%)	56.4% <b>(30.2%)</b>	35.8% <b>(14.2%)</b>
Alcohol	86.5% (64.9%)	91.9% (74.4%)	91.1% (76.9%)	<b>89.2%</b> (66.3%)	91.5% <b>(76.1%)</b>	88.9% <b>(69.6%)</b>
Cocaine	<b>5.9%</b>	<b>0%</b>	<b>9.2%</b>	5.1%	9.5%	4.1%
Crack	1.4%	2.4%	4.6%	1.2%	6.5%	<b>.9%</b>
Heroin	1.4%	0%	2.2%	2.5%	<b>.9%</b>	2.7%

Data in table 2a indicate percentage of respondents reporting use in the past year. This may be a more realistic picture of alcohol and marijuana use because it rules out anyone who may

have had one sip of alcohol or puff of marijuana at some distant point in his or her past.

As these tables show, alcohol and marijuana are the most used substances. The fact that cigarettes are less popular than marijuana is probably a tribute to the anti-smoking campaign which has been conducted in this country for the past 15 years. Because so much attention is currently being directed to crack and cocaine it is interesting to note that few students report using these substances. It is possible, and even likely, that this number is lower than actual use, but clearly the biggest area for concern is with alcohol and marijuana. In both surveys less than 5% of the respondents reported using LSD, other psychedelics, quaaludes, barbiturates, PCP, amyl nitrate, or amphetamines. Therefore, further analysis was not done with these substances. There was little variation in response between the two surveys so the more recent data will be used for the remainder of the report.

#### Alcohol and Marijuana Use

Alcohol: Fifty-eight percent of the sample report using alcohol in the past month. Students report highest levels of drinking while with a few other people, or at a party. Less than 26% report drinking either alone, during the day, or in a car. Reasons for drinking include **"to** have a good time with friends" (55%), **"to relax"** (32%), and **"for** the good taste" (25%). Eight respondents (2.6%) reported drinking because they are **"hooked."** Although this number is not large, it does indicate that some

students on campus do have serious alcohol-related problems. The following section shows some differences in drinking patterns between the sexes.

#### Gender Comparisons

Question: How often do you drink alcohol with your date?

	Males	Females
Not at all	67.0% (75)	52.7% (118)
Sometimes	28.6% (32)	38.8% (87)
Often	4.5% (5)	8.5% (19)

A gamma of **+0.28** indicates that there is a positive moderately weak relationship between the respondent's sex and whether or not he/she drinks with a date. Females are more likely than males **to** drink with their dates. This relationship is significant. The reason for this is unclear, **although the** same result was found in the first survey. It is speculated that females do not place much peer pressure on each other to drink alcohol when they are together.

Question: How often do you drink at a party?

	<b>Males</b>	Females
Not at all	31.6% (36)	44.0% (99)
Sometimes	37.7% (43)	40.0% (90)
Often	30.7% (35)	16.0% (36)

A gamma of **-0.28** indicates a negative moderately weak relationship between the **sex** of the respondent and whether or not he/she drinks alcohol at a party. Males drink at parties more often than females. Respondents were not asked why they chose to drink in **party** situations, but it is assumed that there is strong peer pressure, at least for the males, to prove their "**manliness**" through an ability to "**handle**" alcohol. This pressure is

prevalent in all segments of the American culture, not just the black culture. These results are significant and similar to the first analysis.

Question: How often do you drink during the day?

	<b>Males</b>	<b>Females</b>
Not at all	78.1% (89)	91.0% (201)
Sometimes	21.1% (24)	9.0% (20)
Often	.8% (1)	0%

A gamma of **-.48** shows a negative moderate relationship between the respondent's sex and whether or not he/she drinks **during the** day. **Males** are more likely than females to drink during the day. Because parties may start in the late afternoon, these results cannot be viewed as drinking alone. This relationship is significant, and corresponds with previous data,

Question: How often do you drink alone?

	<b>Males</b>	<b>Females</b>
Not at all	<b>67.5% (77)</b>	<b>78.7% (177)</b>
Sometimes	28.1% (32)	20.0% (45)
Often	4.4% (5)	1.3% (3)

The relationship between the respondent's sex and whether he or she drinks alone is negative, moderately weak ( $g=-.30$ ) and significant. Males drink alone more often **than** females.

Although males do drink alone more often than females, only 4.4% of the males report drinking alone often as compared to 30.7% who report often drinking at parties.

Question: How often do you drink in a car?

(The question did not ask the respondent if he or she was driving and drinking).

	<b>Males</b>	<b>Females</b>
Not at All	<b>67.5% (77)</b>	<b>83.3% (184)</b>
Sometimes	31.6% (36)	<b>15.4% (34)</b>
Often	<b>.9% (1)</b>	<b>1.4% (3)</b>

A gamma of **-.39** indicates a negative moderately weak relationship between the respondent's sex and whether or not he/she drinks in a car. Males drink in cars more often than females. These data are consistent with previous results and are significant. Evidently males are more comfortable drinking in most situations as compared with females. The only time females are more inclined to drink than males is when their date is present.

#### Influence of Friends

Two questions pertaining to the amount of alcohol the respondent drinks and the number of friends that he/she has who drink were both positive and significant. Frequent drinkers (20% of the sample) are those who are defined as having had more than 40 drinks in their lifetime, whereas infrequent drinkers have had less. Forty was chosen because it is the highest category available to the respondent on the questionnaire. Frequent drinkers **also** have more friends who smoke cigarettes and marijuana, but not more friends who use other drugs.

Question: How many of your friends drink alcohol?

	<b>Infrequent drinkers</b> ( <b>&lt; 40</b> drinks ever)	<b>Frequent drinkers</b> ( <b>&gt; 40</b> drinks ever)
None	9.8% (27)	6.1% (4)
A few	49.3% (136)	6.1% (4)
Most	40.9% (113)	87.9% (58)

With a **gamma** of **.74**, this is a moderately strong relationship which indicated that frequent drinkers are much more

likely than infrequent drinkers to have many friends who drink. Presumably, students drink to participate in group activities, and drink with their friends. This relationship is significant.

Question: How many of your friends get drunk once a week?

	Infrequent drinkers	Frequent drinkers
None	39.3% (108)	10.4% (7)
A Few	57.8% (159)	67.2% (45)
Most	2.9% (8)	22.4% (15)

As above, a gamma of .71 indicates that frequent drinkers have more friends that get drunk each weekend, as compared to infrequent drinkers. Frequent drinkers report a large percentage of their friends who get drunk at least once a week, which may mean that the drinking problem is more serious than appeared from the self-reporting data.

Females tend to view heavy drinking as more risky behavior than males. Risk was not defined so that the respondent could have assumed a health risk, a legal risk, or both. The majority of both sexes view occasional drinking, or having one or two drinks per day as being slightly risky for the drinker. Having 4 or 5 drinks per day is seen as risky by 82 percent of the females and 68 percent of the males. Females may drink less than the males due to the fact that they consider drinking to be more risky.

#### Marijuana

TABLE 3: Marijuana Use By Gender

(includes those who answered sometimes, often, or every time.)

	Males	Females
Uses M. at parties	14.2% (16)	4.1% (9)
Uses M. alone	6.3% (7)	1.4% (3)
Uses M. with 1 or 2 others	16.8% (19)	5.0% (11)
Uses M. with a date	4.4% (5)	3.2% (7)
Uses M. in a car	9.7% (11)	3.2% (7)

Males are much more likely than females to use marijuana in all situations and for all suggested reasons. Significant moderate relationships ( $g = -.4$  to  $+.6$ ) exist for gender with amount of pot used in the past year, use of marijuana when alone, use of marijuana at party, use of marijuana during the day, use of marijuana in a car, and use of marijuana with alcohol. All of these relationships are stronger than those discussed with gender and alcohol.

It is likely that females do not receive much peer pressure to use marijuana, and may be more fearful of legal ramifications, or the effect the drug will have on them if they use it. Sixty-four percent of the males perceive a great risk from smoking marijuana regularly, whereas 73% of the females find regular use to be very risky. Although males are much higher marijuana users than females, only 10 males respondents (8.7%) and 5 female respondents (2.2%) report having smoked marijuana more than 10 times in the past year.

#### Influence of Friends

Question: How many of your friends smoke marijuana?

	Infrequent Users ( $< 5$ times last yr.)	Frequent Users ( $> 5$ times last yr.)
None	38.4% (114)	0%
A Few	59.3% (176)	61.9% (26)
Most	2.4% (7)	38.1% (16)

With a gamma of **+0.95**, this is the strongest relationship in the analysis. It is also significant. Frequent marijuana users definitely have more friends who smoke marijuana than infrequent users. Because very few people smoke alone, using marijuana is also seen as a social activity, although it appears to be more popular in small groups than in party settings. The threat of legal ramifications may cause people to be more cautious about use at a party, and there does not seem to be the same peer pressure to prove one's "manliness" by smoking, as compared to drinking.

The reasons most respondents state for using marijuana are "to experiment" (25.3% **n=90**), "to get high" (15.4% **n=55**), and "to have a good time" (15.2% **n=54**). As noted above, "experimental" marijuana use has become almost institutionalized in our culture. Those who repeatedly use marijuana are likely to be those who enjoy the effect it has on them. Frequent marijuana users are also more likely than infrequent users to have more friends who use-cocaine or crack, and more friends who use alcohol.

#### Perceived Availability

Respondents were asked how difficult/easy it would be for them to get drugs if they wanted them. **Most** respondents felt it would be easy to acquire drugs that very few of them reported using. Either drugs are truly easy to get on campus, or it is the perception of most students, not unlike many media campaigns, that drugs are "everywhere" that young people go. The literature

reviewed showed contradictory results, in that adolescents who used drugs were more likely to be those who had easy access to them. If indeed NCCU students have easy access to many drugs, the fact that very few admit to using them shows great restraint, and a genuine lack of interest in drugs. It is also possible that respondents were not completely honest with their answers. Most likely, the questions were asked too vaguely, whereas if they had asked more pointedly "how easy would it be for you to get (x substance) within the next 3 hours?" the results may have been different.

TABLE 4

	Availability of Drugs By Gender			
	Difficult		Easy	
Marijuana	<b>M</b> = 11.2%	F = 9.8%	<b>M</b> = 88.8%	F = 90.2%
Cocaine	M = 21.7%	F = 24.2%	M = 78.3%	F = 75.8%
Crack	<b>M</b> = 21.2%	F = 23.7%	M = 78.8%	F = 76.3%
Heroin	M = 50.9%	F = 45.9%	<b>M</b> = 49.1%	F = 54.1%

	Availability of Drugs By Marijuana Use			
	Difficult		Easy	
	F = Frequent Marijuana Users (> 5 times in the past year)			
	I = Infrequent Marijuana Users (< 5 times in the past year)			
Marijuana	I = 11.0%	F = 7.1%	I = 89.0%	F = 92.9%
Cocaine	I = 23.8%	F = 20.0%	I = 76.2%	F = 80.0%
Crack	I = 23.3%	F = 22.5%	I = 76.7%	F = 77.5%
Heroin	I = 47.5%	F = 53.8%	I = 52.5%	F = 46.2%

Figures for friends' drug use and perceived availability are similar to the above table, and will therefore not be repeated. Because only 15 respondents report using cocaine more than once, only 12 respondents had ever tried crack, and only 8 respondents had ever tried heroin, it was impractical to divide these respondents into frequent and infrequent users. There are no significant relationships between a respondent's gender,

frequency of drinking, or smoking and his or her perception of the availability of drugs. Gammas for all relationships were extremely weak.

#### DISCUSSION AND RECOMMENDATIONS FOR FURTHER **RESEARCH**

These data clearly show that NCCU students prefer the use of alcohol and marijuana to other drugs. Drugs such as crack and cocaine are used by a small number of students, although the facts that students report their friends' use **as** higher than their own, and that drugs are readily available to them makes the use data somewhat suspect. Close to the 'same percentage of males and females report drinking alcohol, although there are some differences in the reasons and types of situations that alcohol is used. The males report substantially higher use of marijuana than females, and those students whose friends drink and smoke are more likely to do the same. Research findings are consistent with those found in current literature.

Federal funding for the D.I.S.C. program covers a two-year period which began in September of 1988. Due to the time required to define a survey instrument, select and procure a sample, administer the questionnaire, and create appropriate computer programs to handle the data, the first survey was not administered until December of 1988. The funding source required that a second survey be conducted before the end of the two-year period. Because summer enrollment is considerably less than during the academic year, the second survey had to be conducted in the spring of 1990. Professors had complained about having

the survey at the end of the semester and requested that the second survey be conducted at the beginning of the semester. Therefore, only 14 months elapsed between the first and second surveys.

Being a new program, D.I.S.C. had some start-up problems which diminished its ability to have a major effect on university life. In the second survey students were asked whether or not they had heard of the D.I.S.C. program, and if they knew where it is located. Thirty percent had heard of the program, and 16 percent knew of its location. With these factors in mind, it was decided not to consider survey data as a fair or accurate program evaluation tool, as was evidently intended by the funding agency. Realistically, the first survey can be viewed as a pre-test, in which the instrument, the sampling procedure, and the data analysis were tested. Improvements were made in all of these areas, so that the second survey generated higher quality data which will provide many opportunities for further analysis. Even with all its faults the first survey results are similar to the second, which also gives credence to the second set of data.

#### FURTHER ANALYSIS

The questionnaire included close to two hundred questions, less than half of which have been discussed in this paper. Several questions asked respondents if they would use specific illegal substances if they were made legal, and very few reported that they would use drugs if they were legal. Also, respondents were asked to predict their use levels in five years. With the

exception of alcohol, very few students expected to use drugs five years from now. Further analysis might also include development of scales, using a combination of several key variables, in order to classify respondents as light, moderate, and heavy users. Statistics could be used to show measures of association between these classifications and independent variables in order to profile respondents in the various categories.

The questionnaire was selected with the intent of collaborating with Duke University to compare survey data. Because NCCU use level data is similar to use levels noted in other universities across the county, it is expected that Duke University data would not differ significantly from NCCU data.

One of the goals of the D.I.S.C. program is to inform students about the effects of substance use so that they can make informed decisions about their use of alcohol and drugs. Knowing what substances students are using, and why the students are using them helps program staff target efforts to reach students. Drinking alcohol is viewed by students as a popular social activity and a way to **"have fun."** Educational materials, and media efforts need to be designed to combat the intensive advertising campaign in our culture which succeeds in maintaining this image and to offer alternatives that appeal to college students. It should be noted that when we tried to compare those who used drugs on a regular basis with those who did not, the response rate was too low for regular users to be statistically

significant.

The results of this study also reflect several related issues that should be mentioned. First, is the public perception of drugs in the media that African American communities are the main source of drug abuse. This would suggest that college students from these communities are more likely to become involved in drug use and abuse. However, our data indicate that the majority of the students from these communities are not likely to become involved with drugs. Our data on the other hand indicate that students who successfully enroll in college are less likely to become involved in drugs. This researcher would postulate African American families that stress education and provide opportunities for their children to enter college, provide a level of success that deters these students from drug use. This assumption will need further research.

Finally, longitudinal research studies should be conducted to measure on going drug use patterns and trends at Historically Black Colleges and Universities.

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## CHAPTER 7

### THE FEDERAL RESPONSE: ENHANCED BIOMEDICAL AND BEHAVIORAL RESEARCH OPPORTUNITIES FOR HBCUs

Catherine S. Bolek, M.S.  
Leo Hendricks, Ph.D. \*

Although Historically Black Colleges and Universities (HBCUs) have played a significant role in the education of African Americans; made outstanding intellectual and scientific contributions that are indispensable to the broader society, and served as centers for African American culture, these institutions have had little success in securing a place on the Federal biomedical and behavioral research agenda. This chapter features selected efforts of the **Federal Government** to enhance the participation of the faculty and research associates of HBCUs in these research programs in general, and in careers in drug abuse research, in particular. These efforts are based on the need of the Federal government to: 1) remove barriers to fair and open competition; 2) actively solicit research proposals; 3) provide a robust support base for research conducted by HBCU faculty, research associates, and students; and 4) stimulate private sector involvement.

#### OVERVIEW

The aim of this chapter is to provide a brief summary of Federal efforts to enhance biomedical and behavioral research opportunities for HBCUs, in general, and drug abuse research and

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\* The opinions expressed by the authors represent their personal viewpoints and are not intended to represent the positions, practices or policies of the National Institute on Drug Abuse or the Fidelity Christian Center.

research training, in particular. The chapter is divided into four sections:

- I. The White House Initiative
- II. The Response of the:
  - a. Department of Health and Human Services:
  - b. Alcohol, Drug Abuse, and Mental Health Administration;
  - c. National Institute on Drug Abuse
- III. Minority Research and Research Training Opportunities
- IV. Reducing Barriers to HBCU Participation in DHHS Programs.

#### I. THE WHITE HOUSE INITIATIVE

This section reviews the White House Initiative on **HBCUs** from its inception in the Nixon administration to the present. The Initiative, also known as Executive Order 12320, directs the Federal government to support **HBCUs**. Moreover, the order begins with the directive to its 27 agencies to "**.. .advance** the development of human potential, to strengthen the capacity of historically Black colleges and universities to provide quality education, and to overcome the effects of discriminatory **treatment**" (Federal Register, 1981).

The stimulus for this order came as a direct result of the sharp prodding of such organizations as the United Negro College Fund, the National Association for Equal Opportunity in Higher Education, and the National Medical Association. These organizations, having recognized long standing problems faced by the HBCU community when attempting to access Federal resources,

mobilized an effective lobbying effort.

Evidence of their success is found in the Executive Order language that directs the Department of Education to supervise, on an annual basis, the development of activities designed to increase the participation of **HBCUs** in Federally sponsored programs. These activities should include ways to ". . . identify, reduce and eliminate barriers" (Federal Register, 1981).

The Order directed the development of the First Annual Federal Plan, to be prepared by the Secretary of Education. This plan was to contain a review of regulatory barriers; agency methods for notifying **HBCUs** of pending procurement and programmatic opportunities; and recommendations for the elimination of inequities and disadvantages. Furthermore, the Order encouraged the Federal agencies to reach out to the private sector and, where possible, develop collaborative sponsorship of HBCU programs.

To increase the relevance and significance of the proposed Plan, HBCU presidents were given the opportunity to review and comment on the document with the goal to: 1) identify barriers including policies, practices, and regulations; and, 2) recommend steps that would lead to an enhancement of the proposed Federal effort. Additionally, and to insure agency compliance with the Plan, agency heads were required to include an HBCU initiative as part of their annual performance appraisal.

White House interest and support for an HBCU Initiative have continued during the 1980s, as evidenced by remarks made by President Reagan in 1983. He said, "**Historically** Black colleges represent a proud part of America's heritage. They (**HBCUs**) are a great national resource we **can't** afford to see dwindle for lack of care. They offer hope to many of our citizens in a time of despair. They (gave) faith to many when it was sorely needed. Working together, we can have faith that it will succeed and that our country will be a decent place and a land of opportunity for **all**" (adaption of remarks made by President Reagan on September 20, 1983).

Also, further evidence can be seen in a summary of a 1987 White House "Memorandum for the Heads of Executive Departments and Agencies ." It stated that under the continued leadership of the Department of Education, the agency heads (e.g, Departments of Defense, Commerce, Energy, Education, Labor, Interior, Health and Human Services) were directed to make a personal commitment to initiate creative and effective programs to insure increased access to Federal grants, contracts and other programs and activities with special emphasis on enrollment of minorities in postsecondary education (White House Correspondence, July 24, 1987).

More recently, The National Academy of Sciences conference proceedings entitled, "**Report** and Recommendations: 1987 Symposium '**Alliances: An Expanded View**'" ( NAS, 1987) summarizes activities of a two-day meeting sponsored by the Department of Education

White House Initiative Science and Technology Advisory Committee on Historically Black Colleges and Universities. At this meeting, HBCU administrators, faculty and students, Federal agency representatives, and leaders from business and industry struggled to find solutions to the problems facing African American students, African American scientists, and their institutions. Nevertheless, through a series of open meetings, panel groups and workshops, the attendees developed a blueprint for governmental and business/ industrial participation. In summary, the participants stated that this and other efforts served to increased the awareness and sensitivity to issues involving the Federal role to: a) eliminate obstacles; and, b) support HBCU efforts to participate in Federal and joint venture efforts with the private sector.

The Bush administration has continued its support for these efforts by reauthorizing the Executive Order and strengthening the role of the President's Board of Advisors on **HBCUs** ". . . to increase the participation of federally sponsored programs and to enhance private sector involvement" (excerpt from remarks of Louis Sullivan, 12/11/1990). Under the leadership of the Department of Education, Office of the Assistant Secretary for Postsecondary Education, a broad coalition of educators, business leaders, and foundation heads have been assembled to address the issues outlined in the Executive Order.

II. a. TEE RESPONSE OF **DEPARTMENT OF HEALTH** AND HUMAN SERVICES

Traditionally, the Department of Health and Human Services

(DHHS) has committed a significant proportion of its budget to: a) supporting undergraduate, graduate and post doctoral training of new scientists and clinicians: b) stimulating and supporting research; and c) providing support for services to at-risk populations. These and other programs are supported by grants and contracts awarded by such DHHS organizations as the Centers for Disease Control (CDC), Social Security Administration (SSA), Health Care Financing Administration (HCFA), Health Resources and Services Administration (HRSA), National Institute of Health (NIH), and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA).

Examples of these programs include: a) SSA sponsored HBCU stay-in-school and cooperative education programs for students registered at an **HBCU**; b) NIH and **ADAMHA** provides research supplements to provide opportunities for minority scholars to participate in on-going research; and c) **HRSA** awards grants to minority institutions to train physician assistants.

In 1988, a report commissioned by DHHS provided an analysis of the impact of the Executive Order on Department programs. The programs of six organizational entities within DHHS (**ADAMHA**, Human Development Services (HDS), Food and Drug Administration (FDA), Centers for Disease Control (CDC), Office of Planning and Evaluation (OPE) and the Office of Minority Health (OMH) were asked to respond to a lengthy questionnaire regarding various aspects of research training and support for the 42 private **HBCUs**. Specifically, an Interview Guide prepared by the

consultant contractor, **Linton, Miels, Reisler and Cottone, Ltd**, requested the following information: a) review the process for informing **HBCUs** about the availability of grants and contracts; b) describe steps taken to increase such participation; c) describe level of institute commitment to this process; d) identify special initiatives; describe level and extent of technical assistance; and e) provide details for evaluating these efforts. Although methodological problems and compliance factors may have affected the study outcome, several important facts were reported by the contractor. Several of the agencies surveyed reported that staff have been assigned to duties that directly address minority concerns and in some cases are specifically targeted to **HBCUs**. Several areas of weakness were noted and these include a need to increase "...the level of awareness .. . institutional capabilities ... , increase the quality and frequency of agency dialogue .. . , design and provide technical assistance activities. ... , increase campus visitations by agency personnel" (**Linton, et al, 1988**).

Contained in its Fiscal Year 1990 Report on activities of DHHS to support HBCU were budgetary figures which indicate that expenditures to the HBCU community increased by some \$12.6 million dollars over Fiscal Year 1989 obligations to an estimated \$85 million dollars. New research efforts included the awarding of grants/contracts in support of: 1) drug abuse prevention efforts; 2) programs to control of asthma among Black children; 3) development of biomedical research training; 4) community

outreach and services to Black males; and 5) development of faculty development projects.

II. b. RESPONSE OF THE ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION

The Alcohol, Drug Abuse and **Mental** Health Administration (**ADAMHA**) was singled out for recognition of its comprehensive approach to eliminating barriers and to enhancing participation of **HBCUs** in its grants and contracts programs. **ADAMHA's** Minority Concerns Strategy identified goals that were "**specific** and **measurable.**" This strategy was the result of coordinated efforts by the National Institute on Drug Abuse, National Institute on Alcoholism and Alcohol Abuse, and the National Institute on Mental Health. More recently, **ADAMHA** was expanded to include the Office on Substance Abuse Prevention and the Office of Treatment Improvement.

In the 1970s and **1980s**, **ADAMHA**, along with NIH, expanded these efforts to include targeted programs for minority scholars. Among these programs was: Minority Access to Research Careers (MARC) with the objective to increase the participation of minority scientists engaged in biomedical and behavioral research. Under this mechanism, support was provided for undergraduate, **pre-** and post-doctoral research training and faculty development. Other programs included the Minority Biomedical Research Support (MBRS), Minority Institutions Research Development Programs (MIRDP) and various minority supplemental awards programs which provided support **to** minority scientists and institutions. Introduced in the late **1980s**,

minority high school apprenticeships programs expanded training opportunities to younger minority students. Through these and other programs, the NIH and **ADAMHA** institutes planned to increase minority participation in the academic and research areas (see section III).

To provide assistance in the implementation of the Executive Order, **ADAMHA** created an advisory committee consisting of senior staff of its Institutes and Offices. Initiated in 1983 and continuing to the present, the **ADAMHA** Historically Black Colleges and Universities Coordinating Committee advises the Administrator on issues and makes specific recommendations relating to research, research training, and other program activities including the development of an annual plan. This plan consists of new and innovative initiatives to increase HBCU participation in the agency's grant and contract programs. Moreover, member Institutes and Offices are encouraged to identify and eliminate barriers including policies and regulations **that may** negatively affect **HBCUs**.

The committee representatives are also responsible for the development of Institute and Office specific HBCU plans. During Fiscal Year 1990, **ADAMHA** was able to report to Public Health Service the awarding of more than \$3.8 million to **HBCUs**. Projects funded during this period include grants under the Minority Biomedical Research Support, Minority Institutions Research Development Program, Minority Access to Research Careers, and other grants programs. Specific projects included:

a) a study to investigate the potential relationship of ethnic membership and alcohol treatment outcomes; b) creation of a research laboratory on drug abuse; and, c) a series of panel discussions aimed at identifying and eliminating barriers to research careers at **HBCUs**.

## **II. c. RESPONSE OF THE NATIONAL INSTITUTE ON DRUG ABUSE**

The National Institute on Drug Abuse (NIDA) is committed to increasing: a) the number of minority researchers; b) the level of support for research on issues of importance to the understanding of drug abuse among minority populations; and c) the development of improved methods for diagnosis, prevention and treatment of these problems as they related to minority issues.

Although NIDA and other DHHS Institutes remain committed to these goals, the recruitment and training of minority researchers continues to be a challenge. This challenge is explained, in part, by reports prepared by Bureau of Health Professionals and the National Research Council (DHHS 1985, NRC 1986) and articles appearing in the Chronicle of Higher Education (September 5, 1990) that point out that the pool of minority Ph.D.s and **M.D.s** prepared for careers in research remains relatively small. Moreover, competition for talented minority researchers with NIH and other academic and research institutions threatens to further reduce the number of minority scholars entering into careers in drug abuse research.

Having recognized the challenges, NIDA has developed an aggressive program of research and research training

opportunities for minorities in general, and HBCU faculty and research associates, in particular. In cooperation with the other **ADAMHA** Institutes, NIDA participates in the Minority Access to Research Careers Program, the Minority Institutional Research Development Program, the Minority Supplemental Awards Program, and the Minority High School Apprenticeship Program (see section III). Annual awards are made to applicant institutions to support a variety of activities including undergraduate, pre- and post-doctoral training, and faculty support for independent research.

In addition to these programs, NIDA has developed the Special Populations Research Development Seminar Series. The purpose of the series is to provide minority scholars with an opportunity to develop a fundamental understanding of the language and process of drug abuse research. Particular emphasis is given to developing an understanding of drug abuse science and associated research. methodology. The seminars focus on the development **of theory** based research proposals that employ quantitative analytic methods. The seminars also present an overview of **NIDA's** research grants and contracts process from preproposal through submission and review to-award. The objective of the series is to stimulate the development of the minority scholars competitive research skills. NIDA staff work with the participants in designing an individualized training program and in selecting mentors.

Each seminar is assessed using **pre-** and post-test evaluations that are administered to all participants. Faculty are asked to provide overall evaluations and recommendations for future seminars. Additional measures such as the number of grant applications submitted by participants and the results of the peer review are, also, used to assess the robust character of the series.

These efforts have resulted in a significant increase in the number of minority principal investigators, including faculty from **HBCUs**. Funded projects included: a) studies that examine drug abuse issues among the homeless; b) prevention programs aimed at minority youth; c) epidemiologic studies of the nature and extent of drug use among sub-groups in the minority populations; and d) community demonstrations projects aimed at preventing the transmission of AIDS in the Black Community.

### III. MINORITY RESEARCH AND RESEARCH TRAINING OPPORTUNITIES

**ADAMHA** Institutes and Offices offer a number of grant mechanisms intended to enhance minority participation in grants programs. These mechanisms include the following:

- \* Minority Access to Research Careers (MARC): Honors Undergraduate Research Training Grants. Awards are made to institutions with substantial minority enrollment in order to recruit highly talented third and fourth year undergraduates into training programs designed to assist qualification for entrance into a doctoral program. Trainees may receive support for up to two

years with an annual stipend. Students at institutions with a substantial minority enrollment should contact their academic advisor or one of the ADAMHA contacts in Rockville, Maryland.

\* Minority Fellowship Program (MFP): Awards to professional societies, academic institutions and other eligible organizations for the support of minority graduate students and other individuals interested in research careers. Trainees are selected by the director of the fellowship program and may receive up to five years of support with an annual stipend. In some cases, dissertation expenses will be supported. Information on these programs can be obtained from the National Institute of Mental Health.

\* Minority Institutions Research and Development Program (MIRDP): Grants are awarded to institutions with substantial minority enrollment for the support of research for enhancement of existing research infrastructure, and for advanced training of faculty. These grants also provide support for minority graduate and undergraduate students who wish to serve as research assistants on MIRDP research projects or other research projects on addictive and mental disorders. Apointments are made by the principal investigator on the MIRDP grant and/or the investigator on the associated research project.

Information on these programs can be obtained from the participating **ADAMHA** Institutes.

- \* Minority Research Program Administrative Supplemental Awards: Research and salary support is available to minority researchers and researchers seeking to address minority research issues through supplemental funding of existing research grants. Researchers who seek such support must be willing to devote 30 percent of their time to the proposed research project. They must also have had prior research experience but not have been a principal investigator on a PHS research grant. Researchers interested in such support should arrange to collaborate with the principal investigator on a currently funded research grant. Information can be obtained by contacting a participating **ADAMHA** Institute.
- \* Additional support mechanisms are under development and will serve to support minority high school students, first and second year undergraduate students, and potential faculty and students at Historically Black Colleges and Universities.

This material was excerpted from a brochure entitled, **ADAMHA: Research Training and Career Development Opportunities.**

Contact information:

National Institute on Alcohol Abuse and Alcoholism,  
National Institute on Drug Abuse, and/or  
National Institute of Mental Health  
5600 Fishers Lane, Rockville, Maryland 20857

#### IV. REDUCING BARRIERS TO HBCU PARTICIPATION IN DHHS PROGRAMS

In an attempt to identify and eliminate barriers to HBCU participation in DHHS Programs, its Institutes and Offices have taken the following steps: a) increasing their contracts with HBCU administrators and faculty through a program of site visits and technical assistance meetings; b) examining of policies, regulations and practices as they relate to access to DHHS program budgets; c) increasing the availability of faculty/staff exchange program with HBCUs; d) creating computer programs that increase access to information on DHHS program opportunities and the grants process; and e) increasing the pool of scientists from HBCUs who can serve as consultants, and Initial Review Group members.

In summary, this chapter has presented assorted efforts by the Federal government to increase the participation of HBCUs in its biomedical and behavioral research programs in general, and for careers in drug abuse research in particular. Part of the reason for these efforts is that an HBCUs chance of research funding has been markedly less than for other institutions of higher education.

Thus, in an attempt to stem the tide of this unsatisfactory state of affairs, the Federal government has responded through the White House Initiative. Hopefully these responses will pave the way for a solid support base for research conducted by HBCU faculty, research associates, and students, and concomitantly, stimulate private sector involvement in removing barriers to fair

and open research competition.

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## CHAPTER8

### ELIMINATING BARRIERS TO RESEARCH CAREERS

Julius Debro, D.Crim.

Whether one is a chemist, sociologist, or eighteenth century French historian, the quality and quantity of **one's** research is fundamentally related to research facilities and monetary support. Libraries, travel and clerical assistance, sophisticated testing and calibration **equipment, computers** and an array of both technological and non-tangible elements make up research support. For a variety **of** reasons, funds for pursuing academic research have been concentrated among a few major research universities none of which is predominantly black (1989:55).

Barriers to conducting research exist at all colleges and universities but they are exacerbated at Historically Black Colleges and Universities. The barriers become more pronounced because of the ever **present lack** of adequate financial resources to properly administer the university. Black colleges were born in poverty and have never been able to break free from that cycle of poverty. For almost a century, they were denied equal funding from state governments and private foundations and frequently funds which were collected from taxes in the Black community were diverted to white schools. The largest endowment among the **HBCUs** is less than 50 million dollars, the smallest less than 7 million. In contrast, the endowment of Emory University, a Historically White University located in Atlanta, **is** \$1.1 billion.

This essay will discuss some of the most common barriers which constrain scholarly research and grant procurement and administration at Historically Black Colleges and Universities.

The data for this article was collected from social science researchers who participated in the National Institute of Drug Abuse (NIDA) conference. **In** addition, the author has spent over a decade teaching and administering research grants at two **HBCUs**, one private and one public institution. Over the years, formal and informal interviews concerning the benefits and pitfalls of conducting research at Black colleges have been conducted with hundreds of HBCU scholars, administrators, staff, and trustees, from over 50 public and private institutions.

Before discussing the barriers, it is imperative to point out that **HBCUs** have been the most neglected and underfinanced educational institutions in the country. Since desegregation, when these schools were given the legal right to compete with Historically White Colleges and Universities (**HWCUs**) for the same funds and same students, their academic quality was maligned by white academics. In the **1970s**, Black college bashing became fashionable in the academic community and they **were** criticized by white scholars for perpetuating an inferior level of scholarship and by Black scholars who complained about their autocratic presidents, conservative political policies and inefficient administrative structures. It is not the intention of this article to criticize Black colleges, but to identify the common problems which scholars at these institutions face and attempt to explain why these problems exist and continue to persist. Many of the problems which exist in Black colleges today are a product of their enforced poverty and the racist environment in which

they had to function for decades.

Historically Black Colleges and Universities (**HBCUs**) have conducted research over the years of their existence but their primary purpose has been the education of Black youth (Lincoln, 1971).

With some very notable exceptions that one may find within the within the facilities of such colleges for blacks as Howard, Atlanta University complex, and Fisk, the writing pens of members of the faculties of these institutions have been virtually silent. Only in the instance when one or two or at most a few black professors have broken through and forged ahead in the production of scholarly literature, and have developed some kind of bibliography of their own writings, does one find exceptions.

. . . he gets his degree and proceeds to **teach** his classes. . . . The administration is usually not **interested** in scholarly performance, though this kind of activity is tolerated, and the spoon-feeding method of teaching certainly does not call for it (Bullock, 1971:585).

While the spoon-feeding method has changed somewhat, most schools still view research as an anomaly. Among the 3,379 colleges and universities in the U.S., 105 or approximately 3 percent are considered Historically Black 43 percent are public and 56 percent are private institutions. Of the public institutions, 6 percent are two year. Two percent of students attending colleges in the U.S. attend HBCUs. Twenty four percent of all Blacks students attending colleges attend HBCUs (Patel, 1989:3). Over 50 percent of all Black undergraduates graduate from HBCUs. Yet, very few are involved in ongoing research.

In most of the HBCUs, research has never been given top priority. Most of the HBCUs do not have expert researchers who can train or assist young professors on campus. Teaching has always ranked number one in terms of priority. Faculty members are encouraged to spend many hours in consultation with students over and above the number of office hours which are quite often dictated by department chairs and deans. At one graduate school, the dean dictates the amount of hours as well as the number of days one should have office hours.

Those colleges and universities that have been involved in research have made important contributions. Prior to 1960, some of the most important social science research published in this country was produced by Black scholars at HBCUs. Since the 1970s, most of the published research conducted by Black doctorates within the last two decades have been conducted at major white universities. There are several reasons for this shift. One primary reason for the shift of research away from Historical Black Colleges has been the unspoken assumption of grant-makers in both the private and public sector that Black and white scholars at predominantly white universities are more qualified to conduct scholarly research.

The paucity of graduate programs and students at Black colleges presents a major constraint to the research process. Within the HBCU community, there are only seven schools with graduate programs out of a total of 105 Historically Black Colleges. Only the graduate schools have students that can

assist with research. However, those few schools which do have **Ph.D** programs are unable to compete for the limited pool of Black graduate students because they cannot offer funding opportunities. Furthermore, there is an unofficial policy among the major funding programs to channel the most promising students to predominantly white schools. Even at some of the graduate schools, research assistants may be difficult to obtain because chairs are reluctant to approve expenditures for graduate research assistants, even though the money may be in the grant budget. **HBCUs** cannot begin to compete with wealthier predominately white institutions in terms of facilities and staff since they often do not have money for secretarial assistance and for library materials and little if any money is available for faculty to travel to conferences, and most have outmoded instrumentation for research.

The libraries at **HBCUs** are notoriously limited. Current issues of journals are often missing or they have not been ordered by the library. Books are **quite** old and computerization does not exist. Special collections are not often complete. One respondent indicated that he/she must leave their institution and travel over 50 miles to get to the library of a major white institution to conduct library searches and that the institution does not even have one **SPSSx** statistical package for conducting social science research. Over the years monies have been received from the Julius Rosenwald Fund, and Carnegie (Bullock, 1967: 141). Today, monies are being received from the Mellon

Foundation for library support. The Southern Education Foundation (SEF) has received over \$6 million dollars from Mellon within the last decade, and annual grants to **HBCUs** from SEF have allowed libraries to increase the size of their collections by two or three times the normal size (SEF News, 1990). The State of Florida has instituted a trust fund with an annual appropriation of approximately \$50,000 for library use at the state's public and private **HBCUs**. Unfortunately, the Mellon grant does not allow the purchase of journals which are more important for faculty research than books. To make matters worse, the infrastructure at Black schools is gradually decaying. Most of the buildings are over 70 years old and few, if any have had major repairs or been updated to accommodate modern equipment such as computers, laser printers, etc.

Finally, there are psychological and social barriers that have been erected to make research more difficult at these institutions. Competitive research has been in most cases discouraged. If you are conducting research, you become the alienated scholar who must resist the efforts of the administration to control research dollars.. Most of your energies must be spent trying to obtain research materials which in most cases are paid for by a research grant but controlled by the administration. Co-workers, like resources and materials have always been in short supply. Diversity in faculty is non-existent. Some departments operate with only one person with a terminal degree. Others operate with minimal staff and faculty.

Narbrit and Scott, (1969) in their study of 50 HBCUs found that most of the schools did not have a normal budget process and the budgets were made at the top and handed down. Most departments did not receive budgets and those that did received them well into the fiscal year. One professor indicated that in twelve years as chair at an HBCU, a budget was never received in the department. Budgets are not submitted to departments or by departments because funds are not available. All of the HBCUs compete for financial aid from private corporations, individual donors, and private foundations. Private foundations have increasingly decreased the amount of funding going to HBCUs but have placed more emphasis on funding Blacks at predominantly white schools. The competition for scarce resources forces Black colleges to utilize all resources for administrative expenses thus leaving none of the overhead expenses for departments.

Ironically, professors are expected to publish to gain tenure, despite the economic, social and psychological barriers erected by their administrations. Monies are not provided for attending professional meetings. Most HBCUs follow the general criteria for promotion, i.e. scholarship, teaching, and public service. Scholarship is defined as publishing and teaching. Teaching is seen as the most important phase of scholarship but trying to identify what constitutes a good teacher is still somewhat illusory. In tenure and promotion hearings, most of the weight for scholarship is given to publications yet very few of the professors find the time or receive the necessary support to

spend time writing papers. Most of the publications are in non-refereed journals or in popular publications such as Ebony, Essence, Jet, or in monographs commissioned by government agencies or foundations.

#### GRANTS ADMINISTRATION **AT HBCUs**

The barriers to administering a grant are numerous. One such barrier is that of not providing adequate resources for departments to compete for grants. Some departments have no typewriters, computers, nor copying equipment to complete their research proposals. One faculty member at Howard Medical School wondered out loud as to "why hundreds of thousands of dollars generated in indirect cost was insufficient to provide air conditioning and well heated labs or why faculty members had to throw out experimental results because excrement leaked into their laboratories from the animal facilities above, or water had dripped down from the roof."

Excessive teaching loads are a major culprit hindering research at HBCUs. Most professors teach a minimum of four courses per semester. Some colleges require teaching five courses or more, depending on student enrollment. Research is considered an extra task at some HBCUs and one cannot "buy" off **one's** time by having a research project. Once the grant is received, release time is not given to complete the work of the grant. Professors are expected to complete their normal work load as well as to work on the grant. Research is seen as an additional load rather than as part of the regular college/

university expectations.

Day to day resources such as newspapers, journals, Federal Register, etc. are not available for professors to scan for grant opportunities. Faculty members with grants complain that it is better to do nothing than try and administer a grant. The grants office or the department chair attempts to control each and every expenditure up to and including the purchase of stamps for correspondence.

Clerical assistance is difficult to obtain when professors are writing grants. Some chairs of departments generally believe that clerical assistance is only for the chair and not for faculty. Other departments have no clerical assistance and must rely on secretarial help from the dean's office or generate secretarial help themselves. Most information concerning grant related activities are received by administrators at colleges/universities. This information is generally not disseminated to faculty or if disseminated it is not done in a timely manner. Most of the colleges/universities do not have a grants and contracts unit, thus, the information may go to the vice presidents or to the deans who may or may not release the information.

Quite often faculty members receive no rewards for obtaining grants for the college/university. The obtaining of a contract/grant may create hostility which is directed at the recipient because he/she has gained a degree of independence and no longer has to rely on the chair, the dean, the vice-president for a

computer, supplies, a desk, etc. The professor may be penalized by not receiving a small increase in salary, by receiving a poor evaluation or by having the grant taken away.

It would be unfair to identify the barriers to research at HBCUs without explaining how those barriers emerged and why they persist. For instance, one major reason why Black college administrators do not facilitate their faculty to engage in scholarly research is that the college has very little to gain economically from research. Because HBCUs are constantly functioning on the edge of bankruptcy, they have not been permitted the luxury of long term planning. For instance, the academic status of a university is dependent upon two basic criteria: the quality of entering students (usually measured by standardized test scores) and the quality of the faculty (measured by numbers of publications in referee journals). So although HBCUs would increase their academic standing in the long-run, if they facilitated scholarly research, in the short term, they see this research as only enhancing the career of the individual faculty member. Also, there is the underlying concern that if faculty publish, they will be more marketable and consequently might leave their university for more lucrative salaries. Likewise, a faculty member who acquires more independence, since he/she can purchase supplies and travel to conferences, is less dependent upon the benevolence of the dean. Since integration, HBCU administrators and presidents have been fearful of losing their faculty and attempt to keep them by

overloading their teaching and counseling responsibilities.

Teaching, however, results in immediate payback, since student aid represents a large portion of the federal assistance received by HBCUs. Since the **1970s**, student aid has accounted for a significant portion of the Federal government's contribution to black colleges. In 1978, student aid accounted for 53 percent of the federal funds allocated to black institutions. By 1985, it had been decreased to 36.8 percent, with another 13.5 percent designated for Program Evaluation, Fellowships, Training and Facilities.

#### ORGANIZATION AND CONTROL

Organization and control are very centralized within HBCUs. Within most HBCUs, there exists a set of institutional norms which limit and direct the uses of influence and power. These norms also limit and direct the use of discretion. The norms are controlled by the administration to the detriment of the faculty and staff. Excessive control by the administration limits the amount of energy, time and commitment that various members devote to their efforts in improving the institutional climate. Most faculty and staff initially are devoted to the institution but over the years **"give up"** and just do the minimum that is required to maintain their sanity. Other faculty and staff members move on to other universities that are more receptive to faculty and staff governance.

Exclusive control is in the hands of the president who issues orders and directions and expects them to be carried out

without question. Faculty governance is an unheard of concept on most black campuses. There is also a lack of autonomy at black institutions. Scientists are not allowed to follow their research interest without "guidance" from the administration. AIDs, drugs and alcohol are three of the research areas HBCU presidents, vice presidents, and provosts have indicated that they would like faculty to avoid. If researchers insist on pursuing the above areas, very little college/university monies will be available. One participant indicated that his/her university did not support drug research relating to students on campus. The university did not want to know what behaviors the students were involved in at this college/university, especially those behaviors such as drug usage which are illegal.

At some **HBCUs**, the principal investigator does not control the grant even though he/she is responsible for the finished product. Control is maintained by the college/university administration. Sometimes that control is held by the department chair or headed by a person with far less experience and frequently with little if any academic preparation for the position, other times by the dean and often times by the vice presidents or **by the** president of the college/university.

All indirect cost may go to the school with none of the monies reverting to the department. At one graduate school, the President indicated that the indirect cost was needed to support the institution. At this same institution, departments do not receive annual budgets, faculty members have no input into monies

received by the dean. The dean decides who should and who should not receive funds. All requests for supplies must go through the dean's office for clearance. At this same graduate school there has not been a Human Subjects committee in the history of the school and the institution is over 100 years old. Resources are unavailable to seek out extramural funding.

One researcher related that after receiving a grant for nearly \$200,000 a request was made to obtain airfare to sign for the grant and that was refused by the university. The professor had to utilize personal funds to obtain the grant. After receiving the grant, the professor was constantly harassed by the chairperson and at one time had more than \$1,500 in reimbursement owing which the chairman refused to release. The dean was a close friend of the chairman's and provided no assistance. It was necessary for **the professor** to take the matter to the vice president before receiving reimbursement. The same chairman denied clerical assistance to the professor for two months before the dean had to intervene. The same professor had difficulty obtaining reimbursement for stamps which were authorized by the grant.

It is interesting that all of the administrative problems discussed so far have existed at Black Colleges for decades. Butler Jones (1974) in an article entitled, "**Sociology Teaching in Black Colleges,**" outlines some of the obstacles which Black sociologists faced in carrying out their research during the first half of this century. Jones points out that even though

white scholars frequently worked at institutions with limited library facilities, they could utilize the collections of the main branch of public libraries. Blacks were barred through segregation from public libraries of Southern towns and cities for the first half of the twentieth century.

Jones also points out the fact that funds were seldom available for HBCU scholars to attend professional meetings to present and exchange research papers and ideas. Not only was money a factor, but he charges that the HBCU presidents often prevented faculty from participating in outside scholarly activities:

Though proud **of** the black faculty member who earned a higher degree or who achieved some recognition in his field of specialty, the black president nonetheless felt it to be to his advantage to insure low visibility for his peers, particularly off-campus where he (the president) could not apply **counter-**pressure. Inasmuch as the scarcity of college funds **for** essential operations was a matter of general knowledge, the black college president used financial exigency as an excuse for the denial of financial support for travel to professional meetings for those faculty who might seek it (1974: 129).

He further asserts that the Blacks who assumed the presidency of these institutions modeled their behavior after their white predecessors. They too were reluctant to facilitate faculty research and travel since they tended **to see** the Black scholars as potential rivals for their jobs.

Throughout their tenure, with rare but **quite** notable exceptions, the white presidents of black colleges exhibited a sacrificial mien but adopted a paternalistic stance toward their black charges. They were frequently

determined that none among the permanent black faculty should achieve more than limited outside recognition lest it ferment jealousies, discontent, and restiveness among the others. .. Thus the white president of the black college often succeeded in convincing the black faculty member that his contribution to the uplift of the race could best come from teaching--not from research and publication. (1974: 128)

How can barriers be eliminated? One of the major ways of eliminating barriers is providing greater autonomy for faculty. Faculty members at **HBCUs** are not seen as a valuable asset by administrators. All major decisions are made by the president with the faculty having little, if any, input into those decisions.

Decision making should be de-centralized. Now decision making is highly centralized and nothing can be done if the act requires an administrator's signature until that administrator returns. Administrators are often unavailable to faculty primarily because they **are** constantly attending meetings with other administrators trying to solve problems which are often unsolvable. They spend their time in meeting after meeting impressing each other with how important they are in the scheme of things at the college or university. Faculty members must be given power to make decisions.

Faculty meetings, while important, **serve** only a limited purpose on campus. At one school, the president attended all of the faculty meetings and made a mental note of those faculty members who did not attend or who raised serious questions concerning the administration of the institution. Most of the

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faculty members at HBCUs do not attend faculty meetings because they realize that faculty members have very little power to bring about change on campuses.

Faculty members are generally non-union and act as individuals rather than as a collective body. Those faculty members who become active in campus matters are soon fired, or become so discouraged that they either leave or give up returning only to campus to teach their course and leaving soon after to become involved in their own outside activities or in consulting. Morale among some faculty members was very low. Not only do faculty members suffer from poor *research* conditions, but they suffer from a malaise caused by many years of insecurity. This insecurity was caused by a lack of power, by salaries still being among the lowest in the academic community, and by an inability to make changes to improve the campus climate. Some faculty members who have tried to make a difference have been punished by the administration by not getting raises or by being denied promotions.

HBCU faculties like students have changed over time. They have changed primarily because of the Civil Rights Movement. Major white colleges now recruit the best and the brightest whereas before the civil rights movement Black colleges had a monopoly on these resources. Black faculty at all major institutions are in great demand and many of the Black faculty members leave Black colleges and universities and go to major universities. Those faculty members **who are** left are those who

are dedicated to providing quality education to Black students regardless of the barriers that exist. In some sad cases, **HBCUs** are left with those scholars who are no longer marketable because they have not had the time or resources to publish in their field.

The diversity of faculty members continues to increase. There are now large numbers of foreign **faculty** members, Indians, Koreans, Chinese, Africans, Vietnamese, as well as whites and Hispanics. In the vast majority of cases, Black colleges provide the foreign scholar with his/her first academic employment opportunity in the United States. Many remain at Black schools, while many later are able to use their experience to obtain employment at Historically White Colleges or Universities.

Foreign faculty members have become increasingly attractive to Black colleges because they are willing to work at lower salaries until they gain experience. They also tend to hold degrees in fields in which there are few Black Ph.Ds (e.g. Mathematics, Engineering, Physics, Computer Science, etc), Black colleges have always welcomed the diversity, including the hiring of women to teach on their campuses. However, HBCU administrators should be aware that most foreign faculty members do not integrate into Black communities where Black faculty members have provided leadership for decades. Although many foreign scholars have made important sacrifices to teach at Black schools, their initial motivation for teaching at an HBCU is often entirely different than the motivation of Blacks and some whites who are

teaching at those same institutions. For instance, during the Civil Rights Movement, many white scholars left prominent white institutions to teach at HBCUs and in the late 1970s, many Black scholars also opted to leave comfortable positions at elite white universities "to give back something to the Black community."

Barriers for conducting research at HBCUs are many but they are not insurmountable. Some of the most important research has been conducted in inferior laboratories with inferior equipment by professors who were dedicated to making a difference. While there are many barriers to conducting research at HBCUs, there are also many rewards. One conference participant indicated that training for a Ph.D occurred at a major white university, but there was a desire to teach at an HBCU because of the ability to conduct research on Black people that is valued as "true" research. White universities quite often do not value black research or publishing in Black journals so it is difficult to obtain tenure.

Another participant indicated that while there are many barriers at HBCUs, those barriers can be overcome by flexibility and versatility. One has to be very flexible at HBCUs because of many of the barriers one must overcome and one must be versatile because of the many duties one must perform .. "If you are not able to be patient, able to be flexible, able to take what is being offered, i.e. playing the hand that is dealt you, you're not going to be able to be successful in an HBCU." "I do think, despite the constraints, it's worth it to be at an HBCU to make a

contribution, even if you **don't** stay forever."

#### CONCLUSION

The following suggestions are made for improving research at Historically Black Colleges:

1. Reduce the teaching load from four/six courses to a maximum **of** three per semester;
2. **HBCUs** must make the transition from a traditional teaching institution to more of a research institution;
3. Increase the amount of graduate programs;
4. Establish peer-review committees;
5. Increase facilities for research;
6. Must identify the less competitive, easier to get, less expensive grants. These grants should be applied for and young professors should be encouraged to obtain these grants;
7. Faculty must be provided with research conditions comparable to major universities. At one HBCU, the computer was not included in a statistics class until **1984**. Data had to be sent to a major white university for processing. The turnaround time for data return was approximately two and one half weeks;
  - a. Funds to develop a research proposal must be made available as well as providing release time for such endeavors.
9. Salaries must be increased;
10. Major universities much offer summer workshops for the

development of black research faculty. One such program is offered at Western Michigan (Washington, 1989:105) and:

11. Faculty must be given greater autonomy.

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